Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **July 1 through 15th, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

			OMB Approval No. 0348-0043
APPLICATION FOR	2. DATE SUBI	WITTED	E G EApplicate Identifier
FEDERAL ASSISTANCE	7-12-0	-	
1. TYPE OF SUBMISSION	3. DATE RECI	EIVED BY STATE	State Application dentifier
Application Preapplication			11111 004 , 3
☐ Construction ☐ Construction	4. DATE RECI	EIVED BY FEDER	1 1 1 . 1 1
XX Non-Construction			STATE CLEARING HOUSE
5. APPLICANT INFORMATION			
Legal Name: 101 Redwood, Inc.		Organizational	
Address (Give City, County, State, and Zip code):		Name and tele	phone number of the person to be contacted on matters pplication (Give area code)
101 N. Main Street			
Mendocino County Willits, CA 95490		Hal Wagene	et 707-459-5101 oltkamp 707-462-2353
6. EMPLOYER IDENTIFICATION NUMBER (EIN):			PLICANT: (Enter appropriate letter in box)
	0	7, 11, 20, 74,	M
8. TYPE OF APPLICATION	<u></u>		
	icion	A. State	H. Independent School District
	15:011	B. County	
If Revision, enter appropriate letter(s) in box(es):		C. Municipal	
A. Increase Award B. Decrease Award		D. Township E. Interstate	
C. Increase Duration D. Decrease Duration		F. Intermuni	
		G. Special D	•
Other (Specify)	C	L	oducts Laboratory
9. NAME OF FEDERAL AGENCY: U. S. Forest 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NU			E TITLE OF APPLICANT'S PROJECT:
1 0 - 6 6 4		I O Buildi	ings with Waste Wood
TITLE:			
12. AREA AFFECTED BY PROJECT (Cities, counties, state	s, etc.)	-	
Mendocino County, California			
13. PROPOSED PROJECT: 14. CONGRESSIONA Start Date End Date a. Applicant	AL DISTRICTS C)F: [b. Project
Start Date End Date a. Applicant 9/02 8/03 California 1	st - Mike	Thompson	same
15. ESTIMATED FUNDING	oc min	16. IS APPLICA	TION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER
		12372 PRO	
a. Federal \$ 50,000 b. Applicant \$ 10,000		a. YES. Inis Stat	s preapplication/application was made available to the te Executive Order 12372 Process for review on:
c. State \$		-\	E: 7-12-02
d. Local \$		│ b. NO. │ F	Program is not covered by E.O. 12372 or Program has not been selected by State for review
e. Other \$		_	LICANT DELINQUENT ON ANY FEDERAL DEBT?
f. Program \$			- If "YES", attach an explanation.
g. TOTAL \$ 60,000	ΑΙΙ ΠΑΤΑ ΙΙ	N THIS APPLICAT	TION/PREAPPLICATION ARE TRUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY AUTHORIZED BY TH	E GOVERNING	BODY OF THE A	PPLICANT AND THE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Representative	WARDED. D. Title	- Line Lawrence	c. Telephone Number
		anl Mamaaaa	
Hal Wagenet d. Signature of Authorized Representative	Gener	al Manager	e. Date Signed
d. Olghatare of Additionized Nopresentative			7-12.02
			1 / 6 / 6 / 6 / 6 / 6 / 6 / 6 / 6 / 6 /

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

APPLICATION FOR				Applicant Identifier
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED 7/10/02		
	, and a supplementary	1		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier U LS
Application	Preapplication			
XI Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Mentifier 1111 1 5 2002
Non-Construction	Non-Construction			JUL 1 5 2002 L)
5. APPLICANT INFORMATION				
Legal Name:			Organizational Unit:	
Alliance for W	I boeldso tee	evelopment	N/A	Number of person to be contacted on matters involving
Address (give city, county, State,	and zip code):		Name and telephone r	number of person to be contacted on matters involvin
一、"本"、注意设置设置设置设置、实现"全"等等等,表示经验。	the second of th		this application (give a	rea code)
1357 5th Stree				
Oakland, CA 94	607			rbert (510) 663-0363
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)
	· · · · · · · · · · · · · · · · · · ·			N.
94 -3333	1312171		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
x Nev	/ Continuation	Revision	C. Municipal	J. Private University
X) Men	, LI conditudos.		D. Township	K. Indian Tribe
If Revision, enter appropriate lett	er(s) in box(es)	7 [7]	E. Interstate	L. Individual
	<u> </u>	لـــا اــ	F. Intermunicipal	M. Profit Organization
A. Increase Award B. Dec	rease Award C. Increas	se Duration	G. Special District	N. Other (Specify) <u>non-profit</u>
D. Decrease Duration Other	specify):			
			9. NAME OF FEDERA	AL AGENCY:
ļ				
			Dept. of	Healthe&lHuman Services
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE I	IIMRER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
O. CATALOG OF FEDERAL D	OWED HO MOIO IMIOM		1	
		ا 15 احادا	Mandela T	ransit Village- Catalyst
rme CSRC: Di	scr. Awards (Ur	ban/Rural ED)	Site - Co	mmunity Economic
12. AREAS AFFECTED BY PR	D.IFCT/Cities Counties S	tates, etc.):	Developme	nt
ELL POINTE PIL PINO I MO		•		
Oakland Al	ameda County	CA		
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:		
13. FROI GGED I ROJEGI				
Start Date Ending Date	a. Applicant		b. Project	
Start Date Ending Pate 09/07	District 9	1	District	- q
15, ESTIMATED FUNDING:	<u> </u>		16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
loc motilies can be a second			ORDER 12372 P	ROCESS?
- Fadani	T \$	50		
a. Federal	113,034	•	a. YES. THIS PRE	APPLICATION/APPLICATION WAS MADE
b. Applicant	s	60	AVAILABL	E TO THE STATE EXECUTIVE ORDER 12372
о. Аррісатк	261,424	•	PROCESS	FOR REVIEW ON:
c. State		.90		
C. State	\$ NA		DATE 7	/11/02
d. Local	\$ 374	00		
d. Local	* NA	•	b. No. [] PROGR	AM IS NOT COVERED BY E. O. 12372
o Othor	\$	60		GRAM HAS NOT BEEN SELECTED BY STATE
e. Other	140,500	•	FOR RE	VIEW
		00	- ·	
f. Program Income	\$ NA	•	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?
	15			
g. TOTAL	514,958	•	Yes If "Yes,"	attach an explanation.
10 TO THE BEST OF MY KIN	WI FORE AND BELIEF.	LL DATA IN THIS APPLI	CATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE
DOCUMENT HAS REEN DIN	Y AUTHORIZED BY THE	OVERNING BODY OF T	HE APPLICANT AND T	THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES	THE ASSISTANCE IS AV	NARDED.		
a. Type Name of Authorized Re		b. Title		c. Telephone Number
		N. C.	Director_	(510) 663-0363
Jahari Hert	esentative	LACLULIVE		e. Date Signed
d. Signature of Authorized/Ref	~~~~			7/4/2002
Previous Edition Usable				/ Standard Form 424 (Rev. 7-97)
Authorized for Local Reproduct	ion			Prescribed by OMB Circular A-102
Authorized for Local Neproduct	Page 1			
11 //				

Prescribed by OMB Circular A-102

Type of Submission:	APPLICATION FOR	1			·	ONID Apploval 140: 0346-0043	
1. TYPE OF SUBMISSION Preapplication Construction Construc	FEDERAL ASSISTA	ANCE	2. DATE SUBMITTED		Applicant Identifier		
ADDITION Propagation Construction Construction ADDITION			1				
Ontertuction	•		3. DATE RECEIVED BY	STATE	State Application Id	lentifier	
Address (give city, county, State, and zip code): 137 N. El Camino Real Encinitas, CA 92024 ENCEPTION MINISTRATION Solana Recyclers, Inc. Address (give city, county, State, and zip code): 137 N. El Camino Real Encinitas, CA 92024 ENCEPTION MINISTRATION NUMBER (ZIN): 33 - 0 0 0 0 9 9 4 9 ENTYE OF APPLICATION: ET New Continuation: ET New Et New State Entertion of New Notice Et al. E Not			4 DATE DECEMED BY	EEDERAL AGENCY	Endoral Identifier		
S. APPLICANT INCOMMATION Legal Name. Solana Recyclers, Inc. Recycled Products Purchasing Co-op Recycled Products Purchasing Co-op Recycled Products Purchasing Co-op Recycled Products Purchasing Co-op Name and elephone number of person to be centacted on matters involving sia spiciation (give area code) Tys on Miller (760) 436-7986 EMPLOYER DENTPICATION INMBER (ENG): Tys on Miller (760) 436-7986 EMPLOYER DENTPICATION INMBER (ENG): Tys on Miller (760) 436-7986 EMPLOYER DENTPICATION INMBER (ENG): Tys on Miller (760) 436-7986 EMPLOYER DENTPICATION INMBER (ENG): Tys on Miller (760) 436-7986 EMPLOYER DENTPICATION INMBER (ENG): Tys on Miller (760) 436-7986 A. State B. Courty I. State Controlled institution of Higher Learning C. Minicipal J. Private University D. Commistip E. Inferentiable University D. Township E. Inferentiable D. M. Profit Organization D. Profest D. R. Type Company D. Profest D. Project D. Type Company D. Profest D. Project D. Proj		1 ===	TAL DATE NECESTED BY	LDERAL AGENCY	rederal identifier		
Solana Recyclers, Inc. Recycler Products Products Or Probact Co-op Recycler Products Products Or Probact Co-op Recycler Products Products Or Probact Co-op Recycled Products Products Products on the contents involving this application (give area code) Tys on Miller (760) 436-7986 Recycled Products Products Or Probact Co-op Recycled Products Products on the contents in the code of the contents of the contents of the code of th					1		
Name and telephone number of person to be contacted on matters involving his application (give area code)	Legal Name:	ocuelers Tre		Organizational Unit:	roducts Pu	rchaging Co-on	
### application (give area code) Tys on Miller (760) 436-7986 EMPLOYER IDENTIFICATION NUMBER (EIN): 33		*					
Tyson Miller (760) 436-7986 6. EMPLOYER IDENTIFICATION NUMBER (EMV): 3.	,,			1		be contacted on matters involving	
A State H. Independent School Dist. A State H. Independent School Dist. B. County A State Controlled Institution of Higher Learning D. Decrease Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State Bending Date 9/02 3/04 51st 15. ESTIMATED FUNDING: 16. CATALOG OF FEDERAL SAPPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON 15. ESTIMATED FUNDING: 16. Catalog OF FEDERAL SAPPLICATION WAS MADE A Applicant S D. Project 17. IS THE SPRSAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON 18. TOTHE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT MAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT MAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT MAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT MAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICATION PREAPPLICATION RE TRUE AND CORRECT, THE DOCUMENT MAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICATION PREAPPLICATION PREAPPLIC				1	•	36-7986	
A State H. Independent School Dist. A State H. Independent School Dist. B. County A State Controlled Institution of Higher Learning D. Decrease Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State Bending Date 9/02 3/04 51st 15. ESTIMATED FUNDING: 16. CATALOG OF FEDERAL SAPPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON 15. ESTIMATED FUNDING: 16. Catalog OF FEDERAL SAPPLICATION WAS MADE A Applicant S D. Project 17. IS THE SPRSAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON 18. TOTHE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT MAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT MAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT MAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT MAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICATION PREAPPLICATION RE TRUE AND CORRECT, THE DOCUMENT MAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICATION PREAPPLICATION PREAPPLIC	6. EMPLOYER IDENTIFICATI	ION NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropria	ate letter in box)	
### Continuation Revision Rev						$\lceil N \rceil$	
### Continuation Revision C. Municipal J. Privite University J. Privite University R. Indian Tabe E. Individual F. Intermunicipal D. Township K. Indian Tabe E. Individual F. Intermunicipal M. Protit Organization C. Special District N. Other (Specity) N. Decrease Award D. Decrease Duration D. Decrease Duration	8. TYPE OF APPLICATION:		W.	4	•	l l	
If Revision, enter appropriate letter(s) in box(es) A Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): A Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: State of CA, XZ, NV 15. ESTIMATED FUNDING: 16. Interestiate L. Individual F. Interminicipal G. Special District Title OF APPLICATION SPROJECT: Western Markets Initiation Western Markets Initiation Western Markets Initiation TITLE: SO 1 id Waste Management Assistance 14. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of CA, XZ, NV 15. EPIGATE OF APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: D. Applicant S A. S. PROPOSED PROJECT 16. Interminicipal F. Intermini		ew Continuation	Revision	,		_	
A. Increase Award D. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): A. Increase Award D. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): B. NAME OF FEDERAL AGENCY: U.S. EPA Region 9 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: Solid Waste Management Assistance 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Western Markets Initiative Company of the federal Districts of the project of the federal AZ, NV 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Poly 23/04 51st 16. Is APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal \$ 25,000 a. Federal \$ 25,000 b. Project DATE THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON. DATE 7/11/02 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM IS NOT DELICET, ALL DATA IN THIS APPLICANT AND THE APPLICANT BUTCH. C. Telephone Nu				1 '			
A. Increase Award D. Decrease Duration D. Decrease	If Revision, enter appropriate I	etter(s) in box(es)		1 " "			
D. Decrease Duration Other(specify): S. NAME OF FEDERAL AGENCY: U.S. EPA Region 9	Δ Increase Award R D	ecrease Award C Increase	a Duration		M. Protit Organizati N. Other (Specify)	on non-profit	
U.S. EPA Region 9 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: Solid Waste Management Assistance			o Duranon				
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: TITLE: Solid Waste Management Assistance 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): States of CA, AZ, NV 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date 9/02 3/04 51st 51st 6. Is APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal \$ 25,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ 1. Program Income \$ 1. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICANT ON THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 18. To THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICANT ON THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 19. TITLE: Solid Waste Markets In it was a proposed to the proposed of Authorized Representative b. Title Executive Director (760) 436-7986 19. Date Signed 7/11/02	· ·						
TITLE:Solid Waste Management Assistance 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): States of CA, AZ, NV 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date 9/02 3/04 51st 16. Is APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal \$25,000 b. Project all districts in CA, AZ, NV 16. Is APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. No. PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 19. TO A SUBJECT OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 19. TO BE STONE OF AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. 19. THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 10. Telephone Number (760) 436-7986 10. Signature of Authorized Representative							
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): States of CA, AZ, NV 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date a. Applicant b. Project all districts in CA, AZ, NV 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: c. State S 00 DATE 7/11/02 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 DOR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative D. Trile Executive Director C. Telephone Number (760) 436-7986 d. Signature of Authorized Representative D. Trile Executive Director C. Telephone Number (760) 436-7986 e. Date Signed 7/11/02	10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE N	JMBER:	i		1	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): States of CA, AZ, NV 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date a. Applicant b. Project all districts in CA, AZ, NV 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: c. State S 00 DATE 7/11/02 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 DOR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative D. Trile Executive Director C. Telephone Number (760) 436-7986 d. Signature of Authorized Representative D. Trile Executive Director C. Telephone Number (760) 436-7986 e. Date Signed 7/11/02			66 - 808	Western Ma	rkets Init	iative o p n na	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): States of CA, AZ, NV 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date a. Applicant 51st all districts in CA, AZ, NV 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal \$ 25,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: c. State \$ 0	TITLE:Solid W	aste Management	Assistance		-	n <u> 6 6 </u>	
14. CONGRESSIONAL DISTRICTS OF: Start Date Ending Date a. Applicant 5 51 st all districts in CA, AZ, NV 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal \$ 25,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ f. To THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. f. Title						1131	
Start Date Ending Date a. Applicant b. Project all districts in CA, AZ, NV 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal \$ 25,000 b. Applicant \$ 25,000 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ f.	states of CA, AZ, NV					JU L 1 5 2002	
9 / 0 2 3 / 0 4 51 st all districts in CA, AZ, NV 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State c. State d. Local f. Program Income g. TOTAL g. TOTAL s 25,000 s 25,000 s 25,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7/11/02 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes if "Yes," attach an explanation. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative Jacy Davis d. Signature of Authorized Representative Jacy Davis d. Signature of Authorized Representative J. Title Executive Director C. Telephone Number (760) 436-7986 d. Signature of Authorized Representative D. Title Executive Director C. Telephone Number (760) 436-7986	13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:				
15. ESTIMATED FUNDING: a. Federal a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL s. 25,000 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7/11/02 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 POR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? POCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative Jacy Davis 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7/11/02 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? PYES IF "Yes," attach an explanation. PNO 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative D. Title Executive Director C. Telephone Number (760) 436-7986 e. Date Signed 7/11/02	Start Date Ending Date	a. Applicant		b. Project	······································	I STATE CLEARING H	
a. Federal \$ 25,000		51st	-				
a. Federal b. Applicant c. State c. State c. Other d. Local e. Other f. Program Income g. TOTAL g. TOTAL s. 25,000 c. Total s. 25,000 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE	15. ESTIMATED FUNDING:					EW BY STATE EXECUTIVE	
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 7/11/02 b. No. PROGRAM IS NOT COVERED BY E. O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? Yes If "Yes," attach an explanation. 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative Jacy Davis d. Signature of Authorized Representative Jacy Davis d. Signature of Authorized Representative Jacy Davis e. Date Signed 7/11/02	n Federal	Te .	06	ORDER 12372 PR 	OCESS?		
PROCESS FOR REVIEW ON: DATE	a. reuerai	25,000	• ·	a. YES. THIS PREA	PPLICATION/APPL	ICATION WAS MADE	
DATE 7/11/02 d. Local \$	b. Applicant	\$, oc	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372			
b. No. PROGRAM IS NOT COVERED BY E. O. 12372 e. Other \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income \$ 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$ 25,000 Yes If "Yes," attach an explanation. No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative b. Title Executive Director (760) 436-7986 d. Signature of Authorized Representative e. Date Signed 7/11/02	c. State	\$.∞				
e. Other \$	d. Local	\$	·		, ,		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$ 25,000 Tyes If "Yes," attach an explanation. 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative Jacy Davis d. Signature of Authorized Representative C. Telephone Number (760) 436-7986 Executive Director 6. Date Signed 7/11/02	e. Other	\$	•				
g. TOTAL \$ 25,000 Tyes If "Yes," attach an explanation. 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative Jacy Davis d. Signature of Authorized Representative C. Telephone Number (760) 436-7986 e. Date Signed 7/11/02	f Program Income	S	o	FOR REV	IEW _.		
25,000 Yes If "Yes," attach an explanation. 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative Jacy Davis b. Title Executive Director c. Telephone Number (760) 436-7986 e. Date Signed 7/11/02			•	17. IS THE APPLICAN	IT DELINQUENT O	N ANY FEDERAL DEBT?	
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Type Name of Authorized Representative D. Title Lead to the complete of the complete				Yes If "Yes," a	ittach an explanatio	on. 🙀 No	
a. Type Name of Authorized Representative Jacy Davis d. Signature of Authorized Representative b. Title Executive Director (760) 436-7986 e. Date Signed 7/11/02	DOCUMENT HAS BEEN DU	LY AUTHORIZED BY THE GO	VERNING BODY OF TH				
d. Signature of Authorized Representative e. Date Signed 7 / 11 / 02	a. Type Name of Authorized R		b. Title	Director			
		presentative	Executive	N II CC LUI	- D-+ 0:		
	Previous Edition Usable	AN A M					

Authorized for Local Reproduction

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/36/2004

Applicant Info 1. Name and Addit	·					
Legal Name: Address:	San Diego State Un 5250 Campanile Dri	iversity Found	ation	Organizationa	Unit	
	San Diego		CA	San Diego		93
Title: Me	Benita Page B3 El Cajon Boulevard. CO Sin 594-2841 bpage@projects.sc	2 7 2 1 4 1 8 4 Suite 115 A 92105 2/P Code 1	7. Is a 7. Is	Local H Pr C Special District 1 No Indian Tribe 1 Pri		
9. Type of Submisse — Predeplacation — Constructi — Non-Con 10. Is application a — Yes (Dute aic pracess for — No (If "Noc", — Proper	on: -Applicant on the Executive Consider and the Executive Consider on the Executive Cons	STATE CLEAR	V E O 2	Yes (Cio to 12u) Yes (Cio to 12u) Are <u>all</u> the research activition regulations? Yes (Provide Exemption No (Provide Assurance)	No (Go to hem 13) is proposed desingated to be exempt to in(s) #): if avoitable:	
11. Proposed Pro		9/30/2005				
Estimated Fund	ng	Aut	orized Repres	entative Information		
Ha. Federal	\$ 200,000 \$	00 15. To	o the best of my keep ortugs. The stocumen	owledge and belief, all data	n this preapplication/application are to by the governing body of the applicat s if the assistance is awarded.	iru c
c. Sure	s		tharized Representa	Adve (Please type or print no	me clearly.)	
a Lega	S	b. Tie	c		es, Graduate Division	
e, Other	\$		#: (619)594-4		Fax #: (619)594-01	89
f. Program Income	\$	d, 5-M	ail Address: SKr	sans@sunstroke.s		
g. TOTAL	<u>\$ 200,000</u>	.00 e: Sign	olure of Authroized	Representative	Date: 7/2/2002	
					11212002	

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved OMD No. 1875-0106 Exp. 1/20/2004

1. Name and Addre						
Legal Name:					Organizational Unit	
Address:	San Diego State Ur 5250 Campanile Dr	iversity Fo	undation			
,	San Diego					
	City				in Diego	92182 - 193
2. Applicant's D-U-	N-\$ Number 0 7 3 3				unty	ZIP Code + 4
3. Applicant's T-I-N			4 6	6. Novice Ap	dicant 🔲 Yes 🖾	Nņ
	<u> </u>	272	1	7. Is the appli	cum delinquent on any Federal	debili. 🗖 Aev 🛛 No
4	Domestic Assistance # 8	4 1 8	4 B	8. Type of Ap	olleans (Enter appropriate lette	t in the box)
titie: <u>M</u> ei	ntoring Programs			Å State	G Public College	1 - 1
S. Project Director:				B Local		rofit College or University
	Russell Young			C Special		
	n Diego State Universi			D Indian 7	ribe J Private, Profit-A	Making Organization
San Diego City	C		2-1152	E Individu	K Other (Specify)	ja *
Tel # (619			Code + a		lent School	
E-Mail Address:		(013) 3	94-1183	District —		[
	Tayoung @ man.sos	u.eau		••••		1
Application Info						
- ProApplication		DOLLE G E		12 Ap my resear	ch activities involving human a posed project penod?	ubjects pluened at any time
Construction	on <u> </u>	Construction		Yes (Go		
☐ Non-Const	truction	Pon-Construction	7 5 2002	124 (40 111 0	ic rescarch activities proposed a	ocsidenced to be exempt from
10. Is application st	ubject to review by Executive	Order 12372 pr	10 2002	1110.080	auony	" Sauce to so exempt from
Yes (Date mag	de available to the Executive Ord	er 13372			Provide Exemption(s) #):	,
process for r	wieni: 7/2/200	ATE CLE	ARING HO	DUSET """	tovide Assurance W. if uvuilable	* :
	HELK OPPLADERAGE BOX BELOW, Jum	7 MIL VIL	MAINOTA	13. Descriptive T	ile of Applicant's Project:	
	m is not covered by E.O. 12272.				arita Mentoring Prog	rom
☐ Program	m has not been selected by State (or Juview.			ama memoning singg	2111
11. Proposed Proje	Start Date:	End Dr	Me:			
11. Proposed Proje	10/1/2002	9/30/2	005			
Estimated Fundin	ng		Authorized	Representativ	e Information	
14a. Sederal	\$ 192,007	-00	15. To the hest	of my knowledge a	ad ballet all duty in this areas	lication/application are true
b. Applicant	s				n duly authorized by the govern affinence ossummes if the nosis	
	3	-				· •
c. State	. \$.00	a. Authorized Skaldelta L	Kepresentative (Ple Ceinana	ase type or print name clearly.)	
			Skaldrite h b. Tide	Visans		
d. Lucal	3	וו מה		Dean for Stu	dent Services, Gradu	Into Division
c. Other		1 1			cont dervices, Gradit	Tare Division
	5)594-4162		x n: (61,9)594-0189
f. Program Income	e.		l, E-Mull Addre	ರ್ಷ: skrisans @	sunstroke.sdsu.edu	
	\$	00				
E. TOTAL	s 192,007	,00 c.		Luthroized Represen		Drite;
					<u>/</u>	7/2/2002

Prescribed by OMB Circular A-102

APPLICATION FEDERAL ASS		CE	2. DATE SUBMITTED 07/	02/02	Applicant Identifier	THE STATE OF THE S	B Approvative Com
1. TYPE OF SUBMISSION	1		3. DATE RECEIVED	BY STATE	State Applicant leent	FID IN	0000
Application		application					JUL 15 2002-
Construction		Construction	4 DATE RECEIVED	BY FEDERAL AGENCY	Federal Identifier		
⊠ Non-Canstruction		Non-Construction				<u> </u>	THE PROMOTION
5. APPLICANT INFORMATION	N ISTHE	S PROPOSAL BEING SU	BMITTED TO ANOTHE	R FEDERAL AGENCY?	YES NO IF	APPA	ESCLEARING H
Legal Name: Cal State L.A. Univ	ersity Au	xiliary Services	, Inc.	Organizational Unit:	L		
Address (give city, county,		ip code):				the person	n to be contacted ол matters
5151 State University					tlan <i>(giv</i> e area code) achikian ickhachi@c	aletatela	<u>edu</u> , (323) 343-6002
Los Angeles, CA 900	32						nag@cslanet.calstatela.edu
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN);		7. TYPE OF APPLICAL	NT: (antar appropriate feti	er in box)	
9 5	- 4	0 1 6 6	5 3	A. State	H. Independer	nt School D	استسنا
				B. County			Alon of Higher Learning
B. TYPE OF APPLICATION:				C. Municipal D. Township	J. Private Uni K. Indian Tribe		
	⊠ New	☐ Continuation	Revision	E. Interstate	L. Individual		
If Revision, enter appropriate le	oneral in house	[F. Intermunicipal G. Special District	M. Profil Organ		
,		<u>'</u>		G. Special District	N. Other (Spe	ecny)	
A. Increase Award D. Decrease Duration	B. Decre Other (sp		zesse Duration	B. NAME OF FEDERAL	∆∴ENTV-		
5. Pediess Duidiidi	Onles 12t	eoiy).		*			
					. Environmental Protectio		ORD - NCER
10. CATALOG OF FEDERAL I ASSISTANCE NUMBER:	DOMESTIC	6 6	5 0 0]	e of applicants pro.		
						\$	ted by Mixed Wastes:
TITLE: 2002-NCER-H	·4			An Integrate	d Strategy that is C	lost-Eff	ective and Appropriate
Superfind Minority Inst	• •	eram: Hazerdous Sub	Stance Receptoh				
12. AREAS AFFECTED BY PE							
Los Angeles County, California							
	·						
13. PROPOSED PROJECT:		14. CONGRESSION	al districts of:	·			
Start Date En	ding Date	a, Applicant			b. Project	}	
01/01/03 1	2/31/04	31			31		
15. ESTIMATED TOTAL PROJ	ECT FUNDING	<u> </u>	16. IS APPLICATI	ON SUBJECT TO REVIEW	BY STATE EXECUTIVE O	20EB 121	72 DDACEtts
a. Federal \$		199,999.0		PREAPPLICATION/APPLI		1	
			81	ATE EXECUTIVE ORDER	12372 PROCESS FOR RE	IEW ON:	
b. Applicant \$.0	DAT	· <u>· · · · · · · · · · · · · · · · · · </u>	A7/00/00		
c, State ¢			_		07/02/02		_
c, State \$.0	b. NO. 🗆	PROGRAM IS NOT COVER	RED BY E.O. 12372	-	
d. Local s		.0					•
			⊣ □	OR PROGRAM HAS NOT E	BEEN SELECTED BY STAT	E FOR RE	VIEW
e. Other		.0	0				
f. Program income §		.D	d 17. IS THE APPLE	CANT DELINQUENT ON A	NY FEDERAL DEBT?		
a TOTAL			–	acmed at the second		1521	
g. TOTAL 5 199,999,00 Yes			lf "Yos," ਜ਼ਸ਼ਜ਼ਨਾ an explant		⊠ No	•	
18. TO THE BEST OF MY KNOWLED	GE AND BELIEF,	ALL DATA IN THIS APPLICA	ATION/PREAPPLICATION A	RETRUE AND CORRECT. THE	COCUMENT HAS BEEN DULY		-
authorized by the coverning of authorized Name of Authorized			ANT WALL COMPLY WITH T				A Tulambara
Alma P. Sahagun	- Izobiasaist	GK4C		B. The Director Contr	acte & Grants Administr	BUOFI	c. Telephone number 323-343-4970
d. Signature of Authorized F	tepresentativ	e					e. Dete Signed
							7/2/02
	roc						
evious Editions Not UBable		7		• -			Standard Form 424 (REV 4-88)

Application for Federal Education Assistance



Note: If available, please pro . application package on diskette and specify the file format

U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Informat 1. Name and Address	ion		C	Organizational Unit		***************************************
	burg Pre-School and Communit	y Council				
Address: 2000 Rai	ilroad Avenue			5	Special Programs	
Pittsburg City	5	4		Contra Costa County	94565 Zip Code + 4	- 3894
 Applicant's D-U-N-S Applicant's T-I-N 	1 1 1 1 1 1	7 7 1 2 2 5		licant delinquent on any tach an explanation.)	Federal debt?	Yes <u>X</u> No
4. Catalog of Federal D	omestic Assistance #: 84.	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Title: Mento	ring Programs		11.1
5. Project Director:	To Be Named		7. Type of Applica	ant (Enter appropriate	letter in the box.)	N
Pittsburg City Tel. #: (925) 439	CA State -2061 Fax#: (*) pscc1760@inreach.com	94565 - 3920 Zip code + 4 925) 432-7473	A – State B – County C – Municip D – Townshi E – Interstate F – Intermun G – Special	I – Public Co al J – Private, N ip K – Indian Tr e L – Individua		ion
111111111111111111111111111111111111111	page 27,000 mm see 1		8. Novice Applica	ant X Yes I	Ν̈́o	
X Yes (Date ma	-Application Construction	ection 2372 process?	any time durir a. If "Yes," E: c. IRB approv	ng the proposed project xemption(s) #: b.	Full IRB <u>or</u> Expedited Review	_No
No (If "No,"	" check appropriate box below.) Program is not covered by E.O Program has not been selected	. 12372.		EN mentoring progra	The G	
11. Proposed Project D	ates: <u>10/01/2002</u> Start Date	09/30/2005 End Date			native distribution of the state of the stat	5 .3%
Estimated Fundin 14a. Federal b. Applicant c. State d. Local	\$ 199,993 .00 \$ 60,000 .00 \$.00 \$ 1,197,765 .00	and the applicant wi a. Typed Name of Author Frances Greene	nowledge and belice cument has been d Il comply with the orized Representa	ef, all data in this pre uly authorized by the e attached assurances	STATE CLEA application/application agoverning body of the if the assistance is av	ne applicant
e. Other	\$00	b. Title: Executive I		7005	\ 420 \ 7472	
f. Program Income	.00	c. Tel. #: (925) 439) 432-7473	
g, TOTAL	\$ 1,457,758 .00	d. E-Mail Address:l e. Signature of Authori	Pscc1760@inrea			
					Date: <u>7 / 0</u>	1_/2002

authorized by the Edverning Body of the applicant and the applicant will comply with the attached absurances if the assistance is awarded. a. Typed Namo of Authorized Representative b. Title Director, Contracts & Grants Administration c. Telephone number Alma P. Sahagun 323-343-4970 d. Signature of Authorized Representative e. Date Signed Standard Form 424 (REV 4-88)

S0.9 JATOT				DECEIVED
APPLICATION FOR				OMB Approval No. 0348-004
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED July 10	, 2002	Applicant curiner JUL 1 2 2002
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication		AFOFDAL AGENGY	STATE CLEARING HOUSE
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal lemifier
5. APPLICANT INFORMATION				
_{Legal Name:} Fresno Leadership F	Foundation dba 1	hy 1Leadershin	Organizational Unit:	
Address (give city, county, State		by acoustinp	Name and telephone	number of person to be contacted on matters involvin
3845 N. Clark St., 5:		unty, OA 02726	this application (give a	area code) on, 559-459-1878
G. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
$7 \cdot 7 - 0 \cdot 3 \cdot 5 \cdot 9$			A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B, County	I. State Controlled Institution of Higher Learning
☑ Ne	w Continuation	Revision	C. Municipal	J. Private University
to the same of the	<u> </u>		O, Township E, Interstate	K. Indian Tribe L. Individual
If Revision, onter appropriate le	tter(s) in pox(es)	:	F. Intermunicipal	M Profit Organization
A. Increase Award B. De	crease Award C. Incre	ase Duration	G. Special District	N. Other (Specify) private non prof
D Decrease Duration Othe	r(specify):		9. NAME OF FEDER	AL AGENCY:
<u></u>			Dept. Of Health	and Human Services
	DOMESTIC ASSISTANCE		11 DESCRIPTIVE T	TITLE OF APPLICANT'S PROJECT:
10, CATALOG OF FEDERAL	JUMESTIC ASSISTANCE		- 1	low-income residents, by economic
		9 3 - 5 7 0	stimulae of local	l econmy by increasing capicity of small
TITLE: Community	/ Services Block Gran	nt-Discretionary Award	business emplo	
12. AREAS AFFECTED BY P		States, etc.):		
City of Fresno, Fresno C	Jounty, CA			
13. PROPOSED PROJECT	14. CONGRESSIONAL	DISTRICTS OF:	A 1	Dooly #20
Start Date Ending Quite	a. Applicant	MADWON TO	b. Project	770074
11/0402 10/8/03	The supplication		,	
15. ESTIMATED FUNDING:			16. IS APPLICATIO	N SUBJECT TO REVIEW BY STATE EXECUTIVE
		- 32	ORDER 12372 F	PROCESS?
a, Federal	5	77975.0	A YES THIS PRI	EAPPLICATION/APPLICATION WAS MADE
b. Applicant	3	30	AVAILAB	LE TO THE STATE EXECUTIVE ORDER 12372
	8	50.		S FOR REVIEW ON:
c. State	3		DATE	7/12/02
d. Local	\$.	,30	b. No. PROG	RAM IS NOT COVERED BY E. O. 12372
e, Other	S	,) 3	1	OGRAM HAS NOT BEEN SELECTED BY STATE EVIEW
f. Program Income	S	ίσο	17 18 THE ADDI IC	ANT DELINQUENT ON ANY FEDERAL DEBT?
- TOTAL	\$ / 3 0			," attach an explanation.
g. TOTAL	677	,975.0°0	, —	· · · · · · · · · · · · · · · · · · ·
DOCUMENT HAS BEEN DU	NOWLEDGE AND BELIEF ILY AUTHORIZED BY THE	, ALL DATA IN THIS APPL E GOVERNING BODY OF T	LICATION/PREAPPLIC THE APPLICANT AND	ATION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES a. Type Name of Authorized f	Regresegrative	b. Title		c. Telephone Number
Kun Madden		Chief Operating	Officer	(559) 448-8861
d. Signature of Authorized Re	presentative			e. Data Signed
				Standard Form 424 (Rev. 7-97)
Previous Edition Usable Authorized for Local Reprodu	etion			Prescribed by OMB Circular A-102

ONE BY ONE LEADERSHIP

Applicant Information 1. Name and Address Legal Name: Pathways To Your Future, Inc. Address: 1621 Centinela Ave. Inglewood City 2. Applicant's D-U-N-S Number 1 1 1 8 4 2 1 1 3 6. Novice Applicant Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B This Mentoring Programs Department of Education 5. Project Director: Gerald Thompson Address: 1621 Centinela Ave. Inglewood City State Cause Project Director: Gerald Thompson Address: 1621 Centinela Ave. Inglewood City State City State County Ves No 7. Is the applicant delinquent on any Federal debt? Yes No (If "Yes," attach an explanation.) 8. Type of Applicant (Enter appropriate letter in the box.) I be applicant (Enter appropriate l	Applicant Information 1. Name and Address: Legal Name: Pathways To Your Future, Inc. Address: 1621 Centinela Ave. Inglewood	Application for Federal	U.S. Department of Education Form Approved
1. Name and Address Legal Name: Pathways To Your Future, Inc. Address: 1621 Centinela Ave. Inglewood Cry 2. Applicant's D-U-N-S Number	A State Capital Denomination Capital Deno	A	OMB No. 1875-0106
1. Name and Address Legal Name: Pathways To Your Future, Inc. Address: 1621 Centinela Ave. Inglewood	1. Name and Address: Legal Name: Pathways To Your Future, Inc. Address: 1621 Centinela Ave. STATE CLEARING HOUSE State County ZIP Code + 4 2. Applicant's D-U-N-S Number 1 1 1 8 4 2 1 1 3 3 3. Applicant's T-LN 9 5 - 4 7 7 2 5 4 4 4. Catalog of Federal Domestic Assistance 8: 8 4 1 8 4 B Tate: Mentoring Programs Department of Education 5. Project Director. General Thompson Address: 1621 Continela Ave. 1. State 1 Special Thompson Address: 1621 Continela Ave. 1. Special Thompson Address: 1621 Continela Ave. 1. Special Thompson Address: 1621 Continela Ave. 1. Special Thompson Address: 1621 Continela Ave. 1. Special Thompson Address: 1621 Continela Ave. 1. Special Thompson Application Appl	Applicant Information	RUVE
Legal Name: Pathways To Your Future, inc. Address: 1621 Centinela Ave. Inglewood	Legal Name: Pathways To Your Future, Inc. Address: 1621 Centinela Ave. Inglewood City 2. Applicant's D-U-N-S Number		Ornografional Unit
STATE CLEARING HOUSE Inglewood STATE CLEARING HOUSE State County State State County State	STATE CLEARING HOUSE State Cos Angeles 90302 - 1620		L 1 2 2002 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STATE CLEARING HOUSE Los Angeles 90.302 - 1620	Inglewood STATE CLEARING HOUSE State County County State County County State County County State Co	1621 Continuedo Asso	
2. Applicant's D-U-N-S Number	Sate Country 2. Applicant's D-I-N-S Number 1	omate o	LEADING HOUSE
2. Applicant's D-U-N-S Number	Sate Country 2. Applicant's D. I-N. S Number 1 1 1 1 8 4 2 1 1 1 3 3. Applicant's TI.N 9 5 5 4 7 7 7 2 5 4 4 4. Catalog of Federal Domestic Assistance #: 8 4 1 1 8 4 B Tale Mentoring Programs Bepartment of Education 5. Project Director. Genild Thompson Address: 1621 Centinela Ave. Inglewood City State 2/IP Code + 4 Tel. #: (323) 755-1020 Fax #: (323) 242-7678 9. Type of Submission:	Inglewood SIAIE C	Los Angeles 90302 - 1620
3. Applicant's T-I-N 9 5 - 4 7 7 2 5 4 4 4. Catalog of Federal Domestic Assistance #: 8 4 1 1 8 4 B Title: Mentoring Programs Department of Education 5. Project Director: Gerald Thompson Address: 162 Centinela Ave. Inglewood City State 7 PC ode + 4 Tel. #: (323) 755-1020 Fax #: (323) 242-7678 E-Mail Address: PathwaysTYF@attbi.com Application Information 9. Type of Submission: PreApplication Application PreApplication Application Construction Non-Construction Non-Cons	3. Applicant's T-I-N 9 5 - 4 7 7 2 5 4 4 4 4. Catalog of Federal Domestic Assistance 9: 8 4 1 8 4 B Talle Mentoring Programs Department of Education 5. Project Director: Gend Thompson Address: 1621 Contincla Avc. Inglewood City State Applicant (Enter appropriate letter in the box.) Inglewood City State Applicant (Enter appropriate letter in the box.) IT 8. Type of Applicant (Enter appropriate letter in the box.) IT 8. Type of Applicant (Enter appropriate letter in the box.) IT 8. Type of Applicant (Enter appropriate letter in the box.) IT 9. Type of Applicant (Enter appropriate letter in the box.) IT 10. Is application IT IT (Enter appropriate letter in the box.) IT 11. A State G Public College or University B Local H Private, Non-Profit College or University C Special District I Non-Profit Originization I Non-Construction C Construction C Constru	City	State County ZIP Code + 4
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title: Mentoring Programs	A. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title Mentoring Programs Department of Education 8. Type of Applicant (Enter appropriate letter in the box.) 1. State G Public College or University B Local H Private, Non-Profit College or University B Local H Private, Non-Profit College or University B Local H Private, Non-Profit College or University Inglewood City State ZIP Code + 4 Tel. #: (323) 755-1020 Fax #: (323) 242-7678 F-Mail Address: PathwaysTYF@attbi.com Application — Application — Application — Application — Application — PreApplication — PreApplication — PreApplication — PreApplication — PreApplication — Program has not been selected by State for review. 10. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process? Yes (Provide Assurance #): 10. Is application subject to review by Executive Order 12372 process? Yes (Provide Assurance #): 11. Proposed Project Dates: 11. Proposed Project Dates: 11. Proposed Project Dates: 12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Assurance #): 13. Descriptive Title of Applicant's Program 14a. Federal \$ 475,018.00 b. Applicant \$	2. Applicant's D-U-N-S Number 1 1 1 1 8 4 2 1 1 3	6. Novice Applicant Yes No
Title: Mentoring Programs Department of Education 5. Project Director: Gerald Thompson Address: 1621 Centinela Ave. Inglewood City State ZIP Code + 4 Tel. #: (323) 755-1020 Fax #: (323) 242-7678 E-Mail Address: PathwaysTYF@attbi.com A pplication PreApplication Construction Non-Construction Non-Construction Non-Construction Non-Construction Version (Serald Thompson) A State	Title Mentoring Programs Department of Education	5. Applicant 3 1-1-14 [] [L.J./L.L. L.J./L.	
Department of Education S. Type of Applicant (Enter appropriate letter in the box.) 1	S. Project Director: Gerald Thompson	Lpp, , , , , , , , , , , , , , , , , , ,	(ir "Yes," attach an explanation.)
Address: 1621 Centinela Ave. Inglewood City State ZIP Code + 4 Tel. #: (323) 755-1020 Fax #: (323) 242-7678 E-Mail Address: PathwaysTYF@attbi.com Application Information 9. Type of Submission: —PreApplication —Application —Construction —Construction —Non-Construction —Non-Construction —Non-Construction —Ves (Date made available to the Executive Order 12372 process? Ves (Date made available to the Executive Order 12372 process? —Ves (Date made available to the Executive Order 12372 process? —No (If "No," check appropriate box below.) —Program is not covered by E.O. 12372. B Local H Private, Non-Profit College or University Non-Profit Organization I Non-Profit Organization C Special District D Indian Tribe C Special District D Indian Tribe Findependent School District 12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) V No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Pathways School-based Mentor Program	Address: 1621 Centinela Ave. Inglewood City State ZiP Code + 4 Tel. #: (323) 755-1020 Fax #: (323) 242-7678 E-Mail Address: PathwaysTYF@attbi.com AppHcation Information Construction Construction Non-Construction Non-Construction Non-Construction Non-Construction Non-Construction Non-Construction Non-Construction Non-Construction Non-Construction Program is not covered by E.O. 12372. Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: Informated Funding 14a. Federal \$ 475,018.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 c. State \$.00 e. Other \$.00 c. Cha 90302 - 1620 Construction Construction Dintrict Non-Proff (Organization Strict) Non-Proff (Organization Construction District Non-Proff (Organization Construc		8. Type of Applicant (Enter appropriate letter in the box.)
Inglewood CA 90302 - 1620 City State ZIP Code + 4 Tel. #: (323) 755-1020 Fax #: (323) 242-7678 E-Mail Address: PathwaysTYF@attbi.com Application Information 9. Type of Submission: —PreApplication —Application Construction Non-Construction Construction Non-Construction Versuce (Pathways Type (Pathways Type)): Process for review): 7/2/2002 No (If "No," check appropriate box below.) —Program is not covered by E.O. 12372.	Inglewood CA 90302 1620 City State Zit P Code + 4 Endividual F Indian Title Endividual F Indian Fine Endividual F Indipendent School District Tel. #: (323) 755-1020 Fax #: (323) 242-7678 F		· ·
Tel. #: (323) 755-1020 Fax #: (323) 242-7678 E-Mail Address: PathwaysTYF@attbi.com Application Information 9. Type of Submission: —PreApplication —Application —Application —Oconstruction — Non-Construction — Non-Construction — Non-Construction — Non-Construction — Non-Construction — Non-Construction — Yes (Go to 12a.) ✓ No (Go to item 13.) 12. Are any research activities involving human subjects planned at any time during the proposed project period? 12. Are any research activities involving human subjects planned at any time during the proposed project period? 12. Are all the research activities proposed designated to be exempt from the regulations? 12. Are all the research activities proposed designated to be exempt from the regulations? 12. Are all the research activities proposed designated to be exempt from the regulations? 12. Are all the research activities proposed designated to be exempt from the regulations? 12. Are all the research activities proposed designated to be exempt from the regulations? 12. Are all the research activities proposed designated to be exempt from the regulations? 12. Are all the research activities proposed designated to be exempt from the regulations? 12. Are all the research activities proposed designated to be exempt from the regulations? 12. Are all the research activities proposed designated to be exempt from the regulations? 12. Are all the research activities proposed designated to be exempt from the regulations? 12. Are all the research activities proposed designated to be exempt from the regulations? 12. Are any research activities involving human subjects planned at any time during the proposed project period? 12. Are any research activities involving human subjects planned at any time during the proposed project period? 12. Are any research activities involving human subjects planned at any time during the proposed project period? 12. Are any research activities involving human subjects planned at any time during the proposed project period? 12	State ZiP Code + 4		
Tel. #: (323) 755-1020 Fax #: (323) 242-7678 E-Mail Address: PathwaysTYF@attbi.com Application Information 9. Type of Submission: —PreApplication —Application Construction — Construction Non-Construction — Non-Construction 12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): No (If "No," check appropriate box below.) Program is not covered by E.O. 12372.	Fall #: (323) 755-1020 Fax #: (323) 242-7678 Findividual K Other (Specify): Findependent School District Application Information 9. Type of Submission: PreApplicationApplicationApplicationPreApplicationApplicationPreApplication		D Indian Tribe J Private, Profit-Making Organization
E-Mail Address: PathwaysTYF@attbi.com Application Information 9. Type of Submission: —PreApplication —Application Construction Construction Non-Construction Non-Construction Non-Construction Yes (Go to 12a.) No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Date made available to the Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002 No (If "No," check appropriate box below.) Program is not covered by E.O. 12372.	PathwaysTYF@attbi.com	·	
9. Type of Submission: —PreApplication —Construction —Construction —Non-Construction —Non-Construction Non-Construction 12. Are any research activities involving human subjects planned at any time during the proposed project period? —Yes (Go to 12a.) No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): No (If "No," check appropriate box below.) —Program is not covered by E.O. 12372.	9. Type of Submission:		·
9. Type of Submission: —PreApplication —Application —Construction —Construction —Non-Construction —Non-Construction —Non-Construction —Ves (Go to 12a.) —No (Go to item 13.) 12. Are any research activities involving human subjects planned at any time during the proposed project period? —Yes (Go to 12a.) —No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? —Yes (Provide Exemption(s) #): —No (Provide Assurance #): —No (If "No," check appropriate box below.) —Program is not covered by E.O. 12372. 13. Descriptive Title of Applicant's Project: —Pathways School-based Mentor Program	9. Type of Submission: -PreApplication -PreApplication -Application -	E-Mail Address: PathwaysTYF@attbi.com	
during the proposed project period? —PreApplication —Construction —Non-Construction —Non-Construction —Non-Construction —In the regulations of the Executive Order 12372 process? —Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002 —No (If "No," check appropriate box below.) —Program is not covered by E.O. 12372. during the proposed project period? Yes (Go to 12a.) No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): —No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: —Pathways School-based Mentor Program	PreApplication	Application Information	
—PreApplication —Application Construction Construction		9. Type of Submission:	
Non-Construction 12a. Are all the research activities proposed designated to be exempt from the regulations? 15. Is application subject to review by Executive Order 12372 process? 16. Is application subject to review by Executive Order 12372 process for review): 7/2/2002 17. In the research activities proposed designated to be exempt from the regulations? 18. Are all the research activities proposed designated to be exempt from the regulations? 19. In the research activities proposed designated to be exempt from the regulations? 19. In the research activities proposed designated to be exempt from the regulations? 19. In the research activities proposed designated to be exempt from the regulations? 19. In the research activities proposed designated to be exempt from the regulations? 19. In the research activities proposed designated to be exempt from the regulations? 19. In the research activities proposed designated to be exempt from the regulations? 19. In the research activities proposed designated to be exempt from the regulations? 19. In the research activities proposed designated to be exempt from the regulations? 10. Is application subject to review by Executive Order 12372 10. Is application subject to review by Executive Order 12372 10. Is application subject to review by Executive Order 12372 10. Is application subject to review by Executive Order 12372 10. Is application subject to review by Executive Order 12372 10. Is application subject to review by Executive Order 12372 10. Is application subject to review by Executive Order 12372 10. Is application subject to review by Executive Order 12372 10. Is application subject to review by Executive Order 12372 10. Is application subject to review by Executive Order 12372 10. Is application subject to review by Executive Order 12372 10. Is application subject to review by Executive Order 12372 10. Is application subject to review by Executive Order 12372 10. Is application subject to review by Executive Order 12372 10. Is applic	Non-Construction Non-Construction Non-Construction 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Date made available to the Executive Order 12372 process? Yes (Provide Exemption(s) #): No (Provide Assurance #): No (P	—PreApplication —Application	during the proposed project period?
12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002 No (If "No," check appropriate box below.) Program is not covered by E.O. 12372.	10. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002 No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: 10/1/2002 Start Date: 11. Proposed Mentor Program Authorized Representative Information Start Date: 12. Descriptive Title of Applicant's Project: Pathways School-based Mentor Program Authorized Representative Information Start Date: 15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly.) Linda B. Thompson b. Title Executive Director c. Tel. #: (323) 755-1020 Fax #: (323) 242-7678 d. E-Mail Address: PathwaysTYF@attbi.com	Construction Construction	Yes (Go to 12a.) No (Go to item 13.)
from the regulations? Yes (Date made available to the Executive Order 12372 process? process for review): 7/2/2002 No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Pathways School-based Mentor Program	10. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process? Process for review): 7/2/2002 No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: End Date: 10/1/2002 9/30/2005 Estimated Funding 4475,018.00 Authorized Representative Information 14a. Federal \$ 475,018.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 C. Title \$.00 c. Other \$.00 d. E-Mail Address: Pathways/TYF@attbi.com	Non-Construction Non-Construction	12a Ara all the recentral activities proposed designated to be everynt
Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002 No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Pathways School-based Mentor Program	Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002		
Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002 No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Pathways School-based Mentor Program	Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002 No (Provide Assurance #):		Yes (Provide Exemption(s) #):
Program is not covered by E.O. 12372. 13. Descriptive Title of Applicant's Project: Pathways School-based Mentor Program	No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date:	•	
No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Pathways School-based Mentor Program	No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date:		
Integrani is not covered by E. G. 12372.	Program has not been selected by State for review. Start Date: 10/1/2002 9/30/2005 Estimated Funding 14a. Federal \$ 475,018.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 Program has not been selected by State for review. Start Date: End Date: 10/1/2002 9/30/2005 Authorized Representative Information. 4 Local \$.00 Linda B. Thompson b. Title Executive Director c. Tel. #: (323) 755-1020 Fax #: (323) 242-7678 d. E-Mail Address: PathwaysTYF@attbi.com		
Program has not been selected by State for review.	Start Date: 10/1/2002 9/30/2005 Estimated Funding 14a. Federal \$ 475,018.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 Start Date: 10/1/2002 9/30/2005 End Date: 9/30/2005 Authorized Representative Information. Authorized Representative Information. Authorized Representative Information. 5. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly.) Linda B. Thompson b. Title Executive Director c. Tel. #: (323) 755-1020 Fax #: (323) 242-7678 d. E-Mail Address: PathwaysTYF@attbi.com	Program is not covered by E.O. 12372.	Pathways School-based Mentor Program
	11. Proposed Project Dates: 10/1/2002 9/30/2005	Program has not been selected by State for review.	
	Estimated Funding 14a. Federal \$ 475,018.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 c. Tel. #: (323) 755-1020 Authorized Representative Information Authorized Representative Information Authorized Representative Information 5. To the best of my knowledge and belief, all data in this preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly.) Linda B. Thompson b. Title Executive Director c. Tel. #: (323) 755-1020 Fax #: (323) 242-7678 d. E-Mail Address: PathwaysTYF@attbi.com		
1. Proposed Project Dates: 9/30/2005 9/30/2005	14a. Federal \$ 475,018.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly.) Linda B. Thompson b. Title Executive Director c. Tel. #: (323) 755-1020 Fax #: (323) 242-7678 d. E-Mail Address: PathwaysTYF@attbi.com	11. Proposed Project Dates: 10/1/2002 9/30/2005	
Estimated Funding Authorized Representative Information	the applicant and the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly.) b. Applicant \$.00	Estimated Funding Author	ized Representative Information
14a. Federal \$ 4/3,018.00 correct. The document has been duly authorized by the governing body of the applicant and	b. Applicant \$.00 a. Authorized Representative (Please type or print name clearly.) c. State \$.00 Linda B. Thompson b. Title Executive Director e. Other \$.00 c. Tel. #: _(323) 755-1020 Fax #: _(323) 242-7678 d. E-Mail Address: PathwaysTYF@attbi.com	14a. Federal \$ 4/3,018.00 correct. To	he document has been duly authorized by the governing body of the applicant and
the Ameliana transfer of the Ameliana transfer	d. Local \$.00 Executive Director e. Other \$.00 c. Tel. #: (323) 755-1020 Fax #: (323) 242-7678 d. E-Mail Address: PathwaysTYF@attbi.com	h Andicous & OO I	
c. State \$.00 Linda B. Thompson	d. Local \$.00 Executive Director e. Other \$.00 c. Tel. #: (323) 755-1020 Fax #: (323) 242-7678 d. E-Mail Address: PathwaysTYF@attbi.com	c. State \$.00 Linda B	. Thompson
H Evecutive Intector	d. E-Mail Address: PathwaysTYF@attbi.com	i i i i i i i i i i i i i i i i i i i	ecutive Director
e. Other \$.00 c. Tel.#:(323) 755-1020 Fax #:(323) 242-7678	f. Program Income \$.00 d. E-Mail Address: PathwaysTYF@attbi.com	e. Other \$.00 c. Tel.#:((323) 755-1020 Fax #:(323) 242-7678
f Program become \$ 00		f. Program Income \$.00	dress: PathwaysTYF@attbi.com
The results of the re	175 018 00 June 1/Clinus 1	475.018.00	Mariad Romania
g. TOTAL \$ 475,018.00 e. Signature of Authorized Representative Date: 6/27/2002			

				_		
Applicati Education	on for n Assi	Federal stance (ED	1424 <u>E G E I</u>	V		U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004
Applicant Info	ress	** 1 - 1 - 7	JUL 1 2	2002		Organizational Unit Antelope Valley Athletic Club
Legal Name:_ Address:4		Valley Athletic City Street West	STATE CLEAR	RING I	1005E	
Tana	aster			CA	Los Angeles	93534 – 2156
City				State	County	APPROACH 1 4 &
2. Applicant's D-	U-N-S Nami	ber [7 7 0	15 4 9 8	7 0	6. Novic	e Applicant X Yes No
			19 8 7 0	7. Is t		delinquent on any Federal debt? Yes X No
4. Catalog of Fed	eral Domesti	ic Assistance #: 84_	1 8 4 B		res, enter	
Title: Mem					pe of Applica	unt (Enter appropriate letter in the box.) [1]
		-		,	A - State	F - Independent School District
5. Project Directo	or: Gary Th	XXIII/28]	B – Local C – Special Di	G - Public College or University
Address: 45	5116 13 th Str	eea West		1	versity D – Indian Tri E – Individua	
<u>Lancaster</u> City		CA State	93534 2156 Zip code + 4	1	K - Ofher (Spe	
Tel.#:(661) <u>951-855</u>	53 Fax #: (6	61) 942 - 2621		•	
E-Mail Addres	s:ava c0]	@cs.com				
Application I: 9. Type of Submi	nformatio	u		12. A	ne any resea	ch activities involving human subjects planned at
-PreApplica Constru		-Application Construction	n	:	any time dur Yes (G	ing the proposed project period? to 12a.) X No (Go to item 13.)
		X Non-Const		•		· ·
10 To application	n cubiect to n	orion by Frenchive	Order 12372 process?		evemn	the research activities proposed designated to be t from the regulations?
ΧΫ́Yes ((Date made a	mailable to the Eve	zaive Order 12372	,	Yes (Pπ	wide Exemption(s) #):
-	-	view): <u>07 / 02 /</u>			No (Pro	vide Assumme #):
No (If	Program	kappropriate bar b n is not covered by l	E.O. 12372.	13. E	Descriptive T	ide of Applicant's Project:
	Program	n has not been seien	ted by State for review.		Cfamily of youth) Pr	(fostering administering mentoring investing in the
11. Proposed Pro	oject Dates:		07 / 31 / 05			
Estimated Fe	nding	Start Date:	End Date: Authorized Represe	entative mowledge	Information and belief, al	on I data in this preapplication/application are true
14a Federal	s	181,180,00				authorized by the governing body of the applicant
b. Applicant	· · · · · · · · · · · · · · · · · · ·	. 09	and the applicant w	ill comply	with the all	ached assurances if the assistance is awarded.
c. State		. 00	a. Authorized Represent	zative (Ple	ase type or p	rira name clearly.)
d. Local	\$. 00	Gary Thomas			
e. Other	\$	00	b. Title: Executive			
f. Program Incom	me \$. 00				#x #:(661) <u>942 - 2126</u>
			d. E-Mail Address: _a			
g. TOTAL	s	181,189. 66	Lay Shor			Dete: 07 / 02 / 02

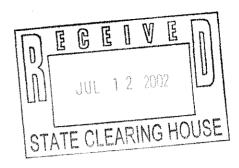
APPLICATION FOR			IN E	GEIVE OMBAPPIO	val No. 0348-004
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier	
LEDEUAL WOOIS I W	NCE	07/12/	2002[1]	20000	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		State Application Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENT	TO FERRENMENT HOUSE	AL-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Non-Construction	Non-Construction		STATE	ULEARINEDA 14X2089477	01-2
5. APPLICANT INFORMATION					
Legal Name: CSU, Chico Researc	h Foundation		Organizational Unit	assessment Lab	
Address (give city, county, State,	and zip code):	Win holin	Name and telephor	ne number of person to be contacted or	n matters involvin
Kendall Hall, Room 114 CSU, Chico Chico, CA 95929-0870			this application (giv	e area code) Jim Harrington	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPL	ICANT: (enter appropriate letter in box)	<u> </u>
68-0386	5 1 8		A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of Hig	ther Learning
☐ Nev	Continuation	Revision	C. Municipal	J. Private University	
If Revision, enter appropriate lett	er(s) in boy(es)		D. Township E. Interstate	K. Indian Tribe L. Individual	
The following control of the control	0.(d) III 20.(00)		F. Intermunicipal		
A. Increase Award B. Dec	rease Award C. Increase	Duration	G. Special Distric	t N. Other (Specify)	
D. Decrease Duration Other(specify):		9. NAME OF FEDE	FRAL AGENCY:	
			EPA		
10. CATALOG OF FEDERAL D	-			TITLE OF APPLICANT'S PROJECT:	
		6 6 - 6 0 6	California Bioa	ssessment	
	idies, Investigating, & S				
12. AREAS AFFECTED BY PRO	DJECT (Citles, Counties, Sta	tes, etc.):			
All, California					
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project		<u> </u>
8/31/02 6/30/03	Seco	nd		All	
15. ESTIMATED FUNDING:				ON SUBJECT TO REVIEW BY STATE	EXECUTIVE
a. Federal	\$	DO	ORDER 12372	PROCESSY	
	Ψ	30,000	a. YES. THIS PF	REAPPLICATION/APPLICATION WAS	MADE
b. Applicant	\$.00	1	BLE TO THE STATE EXECUTIVE ORI SS FOR REVIEW ON:	DER 12372
c. State	\$.00	DATE	07/12/02	
d. Local	\$	00	_		270
e. Other .	\$	00	ORPF	GRAM IS NOT COVERED BY E. O. 123 ROGRAM HAS NOT BEEN SELECTED	
f. Program Income	\$	00	FOR F	REVIEW	
			17. IS THE APPLIC	CANT DELINQUENT ON ANY FEDER.	AL DEBT?
g, TOTAL	\$	30,000	Yes If "Yes	s," attach an explanation.	☑ No
				CATION ARE TRUE AND CORRECT,	
			E APPLICANT AND	THE APPLICANT WILL COMPLY WI	ITH THE
a. Type Name of Authorized Rep		RDED. b. Title		c. Telephone Number	
Jeff Wright		Director, Sponsore	d Programs	(530) 898-5700	
d. Signature of Authorized Repre	sentative /	. 12 11	11	e. Date Signed	
Previous Edition Usable	cours for the	<u>left UNIGN</u>		Standard Form 424 (Re	
Authorized for Local Reproduction	n /			Standard Form 424 (He Prescribed by OMB Circ	



CSU, Chico Research Foundation

July 12, 2002

California State Clearinghouse Office of Planning & Research P.O. Box 3044 Sacramento, CA 95812-3044



RE: The CSU, Chico Research Foundation/Special investigations to develop regional reference conditions and promote biological criteria in California (CFDA # 66.606)

Dear State Clearinghouse:

As per federal requirements under Executive Order 12372, enclosed please find one (1) copy of Form 424, entitled: "Special investigations to develop regional reference conditions and promote biological criteria in California" (CFDA # 66.606) submitted by the CSU, Chico Research Foundation to the U.S. Environmental Protection Agency. Please review and forward you comments prior to August 31, 2002 to:

Melinda Taplin Grants Management Office, PMD-7 Policy and Management Protection Agency 75 Hawthorne Street San Francisco, CA 94105

If you have any questions, please do not hesitate to call me at 530-898-6543, or e-mail: (dmjohnson2@csuchico.edu).

Thank you for your timely assistance in this matter.

Sincerely,

Diane M. Johnson

Office of Sponsored Programs

Office of Sponsored Programs

California State University, Chico

Chico, California 95929-0870

t: (530) 898-5700 f; (530) 898-6804

www.csuchico.edu/gisp/sp



Application for Federal	[] [] [] [] [] [] [] [] [] []
Education Assistance Applicant Information	4 2 4) Exp. 11/30/2004
Name and Address Legal Name: Gateway Unified School District	Organizationa Wij S
Address: 4411 Mountain Lakes Boulevard STAT	E CLEARING HOUSE
Redding	CA Shasta STATE CLE TO GOOD GOODS
City 2 Applicant's D.H.N.S.Number 6 0 6 8 0 5 6	1 2
2. Applicant 5 D-O-14-5 Number L. L.	1 2 6. Novice Applicant Yes V No
3. Applicant's T-I-N 9 4 - 0 3 1 4 3 9 2	7. Is the applicant delinquent on any Federal debt? Yes Vo
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4	B (If "Yes," attach an explanation.)
Title: Safe and Drug-Free Schools Program Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: Lynn Miller	A State G Public College or University B Local H Private, Non-Profit College or University
Address: 4620 Vallecito Street Shasta Lake CA 96019 -	B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization
City State ZIP Con	F Individual K Other (Specify):
Tel. #: (530) 275-7057 Fax #: (530) 275-7009	F Independent School
E-Mail Address: _lmiller@gsd.k12.ca.us	District
Application Information	
9. Type of Submission:	Are any research activities involving human subjects planned at any time during the proposed project period?
—PreApplication —Application ☐ ☐	
Construction Construction Non-Construction	Yes (Go to 12a.) No (Go to item 13.)
	12a. Are all the research activities proposed designated to be exempt from the regulations?
 Is application subject to review by Executive Order 12372 proces Yes (Date made available to the Executive Order 12372) 	1 1 Vac (Provide Everention(c) #):
process for review): 7/2/2002	No (Provide Assurance #):
No (If "No," check appropriate box below.)	13. Descriptive Title of Applicant's Project: Project GAIN
Program is not covered by E.O. 12372.	Gateway's Academic Interagency Network
Program has not been selected by State for review.	
Start Date: End Date 11. Proposed Project Dates: 9/2/2002 9/1/200	
Estimated Funding Au	thorized Representative Information
	o the best of my knowledge and belief, all data in this preapplication/application are true and orrect. The document has been duly authorized by the governing body of the applicant and
h Applicant & DO	he applicant will comply with the attached assurances if the assistance is awarded.
	Bill Tonkin
d. Local \$.00	itle Superintendent
e. Other \$.00 c. T	el.#: (530) 245-7900 Fax #: (530) 245-7920
d. E	-Mail Address: btonkin@gsd.k12.ca.us
	Big Tonken (200)
g. TOTAL \$ 192,893.00 e. S	ignature of Authorized Representative Date: 6-20-02

E-	rderal Kegister/V	ol. 67, No. 102/	Pusadny, May 2	8, 2002/Notices)	EGEL
			who was be to a	ATTACHMENT 9	111 12
PUCKTION FOR		- pysk milas		Apple 2 North	TATE CLEARI
FE OF BUILDINGS		E BATE MECEMEN	T STATE	State Application (Cartella)	TATE ULLAN
Color Colors and the	Canadinactics	<u>.</u>	T TEDERAL MESET	Federal Mariller	
HER CAN'T DEPORTS ATT			(Organizational Units		
mmuntty Edul	ty Partuers.	Luc	Danas and a T	evelopment	ed on specimen investigated
had discon services	rive West #500	כ	C. Shires De		
los Angeles.			310 348-83		
MELOYER EXEMPLE	TOK HUNGER (SAG	•••••	T. TYPE OF APPLY	ANT: facility appropriate factor in	8 h I
BE	2 2 7 8		A. 9	H. https://www.innt.School.Com/L	
YPE OF APPLICATION			B. County C. Marablant	L State Controlled Indianals A Private University	v values of
	(April Cardina) Mor	i Disvision	() Township	R, Indian Tibe L, Indiana	
incidian, under apparaguedi.	Destroy in parties)	LLL	F. imeraridati	M. Pole Coputador Dill-D	rofit
Chicronico America St. D. Coccentina Distribitoria CO		raese Guration	G. Special Health		
), Opcientin Statistics (C	natabarration		A MANE OF FLOR		
			DHHS-ACT		
CATALDO OF PEDCE	STREET, STREET, S.	E 102490%		Development exp	eor
ac be	Disag	[P] - [P] -	Friority		AMBION TOTAL
mae CSBG	PROJECT (CIES COME	Stoke et.	Developm	ental Project	1
Los Angeles					
PROPOSED PROJECT	14 CONGRESSON	V DEFFECTS OF:			,
ant Duste Ermins Du			Hon Luc	ille Roybal-Alic	ord (33rd Dist
D-1-02 9-30-	<u>051 Hon Diane</u>	Marson (32.4	THE SHOPLEATE	ON SUPLICY TO PEVEN BY	HATE BOSCUTIVE
			GROWN 16073		
, Federal	350,0	00	F AET 1762 M	REAPPLICATION APPLICATION BLE TO THE STATE EXECUTE	WAS MADE WE CHEDER 12572
. Applicant	5			PROFESSION OF WEST ON:	
Sec			DATE	7-12-02	-
Local	250.0	100		CRAM IS NOT COVERED BY E	0. 1972
Oter	3 2,400,0			Hogram has my reen sel	ECTED BY STATE
	2,400,0	/UU			
Program instanti	#			CANT DIS BICARENT OR ANY	MO No
TOTAL	3,000,0	000		en," streets on exploration.	
IL TO THE BEST OF WI	ENOW ENGE AND DELL	F, ALL DATA IN THIS AS	PLICATION PREAPPLI F THE APPLICATE AN	ICATION ARE THUE AND COR ID THE ADPLICANT WILL COM	ELY WITH THE
SECRETARY HAS BEEN	ONLY ANYMORE BY	S AN MOST		The state of the s	
The hap of Algoria	of Paperine Asiles	Co-Execut	ive Directo	z 310 348-8177	
d Drugge of Personal	Page designation	1		- David Trans.	
		10-		Standard Form	424 (Apr. 7-57)

APPLICATION FOR	}			OMB Approval No. 0348-004
FEDERAL ASSISTA	ANCE	2. DATE SUBMITTED)	ant Gentler G E V E
1. TYPE OF SUBMISSION:		3. DATE RECEIVED I	BY STATE	State Application Identifier
Application Construction	Preapplication Construction	4. DATE RECEIVED B	BY FEDERAL AGENC	Y Federal Identifier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction			STATE CLEARING HOUSE
Legal Name:			Organizational Unit:	OTATE CLEMAING HOUSE
Faith BAsed Com		ment Corpora		
Address (give city, county, State 169 Roymar R Oceanside, C	oad, Suite "C"		Name and telephone this application (give	e number of person to be contacted on matters involving area code) Daniel Scott (760) 435-0600
6. EMPLOYER IDENTIFICATION 3 3 - 0 8 2 6	***************************************		7. TYPE OF APPLIC	CANT: (enter appropriate letter in box) N H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of Higher Learning
XX Ne	w Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe
If Revision, enter appropriate le	tter(s) in box(es)		E. Interstate	L. Individual
	crease Award C. Increase	Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify) $Nonprofit$
D. Decrease Duration Other	(specify):		9. NAME OF FEDER	RAL AGENCY:
		***************************************	DHHS-AC	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE T	TILE OF APPLICANT'S PROJECT:
CSBG		9 3 _ 5 7 0	Priority	The state of the s
1	ty Economic De	velonment		y Economic Development
12. AREAS AFFECTED BY PR			Plannin	g Project
Oceanside, Sa		. ,		
13. PROPOSED PROJECT Economic Develop	14. CONGRESSIONAL DIS 48 & 51	STRICTS OF:		
Start Date	a. Applicant 48		b. Project 48 & 51	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 P	SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal	\$ 75,000	.00		
b. Applicant	75,000	00	AVAILABL	APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372
c. State	\$.00	7	FOR REVIEW ON:
d. Local	\$,00	DATE	
e. Other	\$,00	OR PRO	AM IS NOT COVERED BY E. O. 12372 GRAM HAS NOT BEEN SELECTED BY STATE
f. Program Income	\$	00	FOR REV	
g. TOTAL	\$ 75,000	00	1	NT DELINQUENT ON ANY FEDERAL DEBT? attach an explanation.
	AUTHORIZED BY THE GOV	ERNING BODY OF TH	ATION/PREAPPLICAT	FION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep	resentative t	o. Title		c. Telephone Number
Daniel Scott		Executive Di	rector	(760) 435-0600 e. Date Signed
1 that				July 9, 2002
Previous Edition Usable Authorized for Local Reproduction)		·····	Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

						n <u>- }</u>	
					·	1 17 1	B Approval No. 0348-0043
APPLICATION		•	2. DATE SUBMITTED) 5/2002	Applicant Iden	diner IIII	JUL 1 1 2002
FEDERAL ASS	STANC	CE				<u> </u>	70L 1 40UL
1. TYPE OF SUBMISSION		V H+-+	3. DATE RECEIVED I	BY STATE	State Applican	kdentifier	
Application Construction	i	pplication onstruction	4 DATE DECEMENT	BY FEDERAL AGENCY	Federal Identif	STATE	CLEADING HOL
_			4. DATE RECEIVED	ST FEDERAL AGENC!	Legel at toetrol	DIVIT	CLEARING HOL
5. APPLICANT INFORMATION	1 <u>n</u>	on-Construction	<u> </u>		<u> </u>		
Legal Name:	,			Organizational Unit:			
-	ts of the U	Iniversity of Cal	ifornia	Institute of Marine	Sciences		
Address (give city, county,		code):		Name and telephone application (give are		erson to be conta	cted on matters involving this
University of California, S	Santa Cruz			Tech. Steve Berks	,	3530	
1156 High Street Santa Cruz, California 95	OE 4	٠		Admin, Lynne Var			
Santa Cruz County	7004						
6. EMPLOYER IDENTIFICATIO	N NUMBER (E	EIN):		7. TYPE OF APPLICAT	NT: (enter appropri	iale letter in box)	
9 4	- 1	5 3 9	5 6 3	A. State	H. Ind	ependent School	Dist.
				(a). County	I. Sta	te Controlled Inst	tution of Higher Leaming
B. TYPE OF APPLICATION	ï			C. Municipal		vale University	
	⊠ New	Continuation	Revision	D. Township E. Interstate		ian Tribe Ividual	
•				F. Internunicipa	al M. Pro	dit Organization	
If Revision, enter appropriate				G. Special Distri	ict N. Otf	er (Specify)	
A, Increase Award		-	ncrease Duration	9. NAME OF FEDERAL	AGENCY:		
D. Decrease Duration	Other (s	pecify):		3. MARK OF TEDERAL		Saltonstall-Ke	nnedv
10. CATALOG OF FEDERAL D	OMESTIC		4 2 7	11. DESCRIPTIVE TITL	LE OF APPLICANT	S PROJECT:	
ASSISTANCE NUMBER:		1 1	4 2 7	Pilot Project: T	esting the Feas	sibility of pot ge	ar to
•				Catch Petral S	iole and reduce	rockfish by cal	ch
TITLE: Fisheries Develo	•						
Development Grants A 12. AREAS AFFECTED BY PRO				-			
Calif	ornia, Wasi	nington , Oregon					
13. PROPOSED PROJECT:		14. CONGRESSION	IAL DISTRICTS OF:				
l l	ing Date	a. Applicant			b. Project		
1/1/03 5/	31/04		17th	į		17ti	١
				<u> </u>			4 000 0000
16. ESTIMATED FUNDING:			- VER TIL	ION SUBJECT TO REVIEW IIS PREAPPLICATION//			
a. Federal s		117,400		TATE EXECUTIVE ORD			
b. Applicant \$		35,282	00 DA	TE .	7/15/02		
- Chair							
c. State s			00 b. NO. 🔲	PROGRAM IS NOT CO	VERED BY E.O.	12372	
d. Local §			<u></u>	OR PROGRAM HAS N	OT BEEN SELEC	TED BY STATE	FOR REVIEW
e. Other \$			00	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
f. Program Income s			00 17. IS THE APPLI	CANT DELINQUENT ON A	NY FEDERAL DEB	17	
- TOTAL			Yes	if "Yes," attach an exp	ianalion	⊠ No	,
g. TOTAL s		152,682.	00 1128	ii ico, anaci) aii cxt	rymiterioli.	#C3 140	
18. TO THE BEST OF MY KNOW AUTHORIZED BY THE GOVERN							
a. Typed Name of Authorize		ative		b. Title	ch Administrator		c. Telephone number (831) 459-1574
d. Signature of Authorized R	epresenteliv	P 1-					e, Date Signed
/	115						-/ /
Lun	<u>~ //k</u>						1(12402)
revious Editions Not Useble	<i>-</i>	1				٤	landerd For 424 (REV 4-88)

	DECED VED
APPLICATION FOR FEDERAL ASSISTANCE	Applicant Identify
* &	TATE State Application Identifier
THE OF SOCIOODIN	
A DATE RECEIVED BY F	EDERAL AGENCY Federal Identil STATE CLEARING HOUSE
Construction Non-Construction Non-Construction	SIATE CLEAKING HOUSE
5. APPLICANT INFORMATION	
Logal Name: UKiah Valley Cultural and Recreations	Organizational Unit:
Address (give city, county, state, and zip code): Cent	Name and telephone number of person to be contacted on matters involving this application (give area code)
P.O. Box 561 Ukiah, CA 95482	Deborah Mead 707 462 8562
6. EMPLOYER IDENTIFICATION (EIN):	7. TYPE OF APPLICANT: (enter appropriate letter in box)
9 4 - 3 2 7 3 6 9 1	A. State H. Independent School Dist. B. County I. State Controlled institution of Higher Learning
8. TYPE OF APPLICATION:	C . Municipal J. Private University
X New Continuation Revision	D. Township K. Indian Tribe E. Interstate L. Individual
	F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) non profit Corp.
If Revision, enter appropriate letter(s) in	
A. Increase Award B. Decrease Award c. Increase Duration D. Decrease Duration Other (specify):	
	9. NAME OF FEDERAL AGENCY:
	USDA Rural Development
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
10. CATALOG OF PEDERAL DOMESTIC ASSISTANCE NUMBER	lwart; use community facility for
1 0 - 76	after school activities, Public health
THILE: Rural Housing Services	loutreach, adult classes, Boys and Gills
12. AREAS AFFECTED BY PROJECT (Cities, Countles, States, etc.)	Club and community activities
City/County Ukiah/Mendocino	·
13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRIC	
Start Date Ending Date a. Applicant	ec Cn Community Center
8/02 10/03 Ukiah Val. Cult. R	16 IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING	ORDER 12372 PROCESS?
a. Federal USDA \$ 50,000	A. YES THIS PREAPPLICATION/APPLICATION WAS MADE
	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
b. Applicant Donat. \$ 1,750,000	
c. State CDBC \$ 1,750,000	DATE 1-2-02
d. Local School Dist.2,000,000	b. NO PROGRAM IS NOT COVERED BY E.O. 12372
e. Other Foundation \$ 00,000	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
1. Trogram moone	VES (Attach explanation) X NO
g. Total \$6,250,000	0.00
APPLICANT WILL COMPLY WITH THE ATTACHED ASSURA	
a.Type Name of Authorized Representative b. Title	
	ecutive Director 7074628562
d Signature of Authorized Representative	7-2-02
Devices Falling Health Dobnal mood	STANDARD FORM 424 (REV. 4-92)

Previous Edition Usable AUTHORIZED FOR LOCAL REPRODUCTION

Prescribed by OMB Circular A-102

Application for Federal U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004 Education Assistance **Applicant Information** Organizational Unit 1. Name and Address Antelope Valley Athletic Club Legal Name: Antelope Valley Athletic Address: 45116 13th Street West Los Angeles 93534 - 2156Lançaster ZIP Code + 4 State County City 2. Applicant's D-U-N-S Number | 7 | 7 | 0 | 5 | 4 | 9 | 8 | 7 | 0 | 6. Novice Applicant X Yes No 7. Is the applicant delinquent on any Federal debt? Yes X No 3. Applicant's T-I-N | 7 | 7 | - | 0 | 5 | 4 | 9 | 8 | 7 | 0 | (If "Yes," attach an explanation.) 4. Catalog of Federal Domestic Assistance #: 84. 1 | 8 | 4 | **8.** Type of Applicant (Enter appropriate letter in the box.) Title: Mentoring Programs F - Independent School District A - State G - Public College or University B - Local 5. Project Director: Gary Thomas C - Special District H - Private, Non-profit College or University Address: 45116 13th Street West D - Indian Tribe I - Non-profit Organization E - Individual I - Private, Profit-Making Organization Lancaster K - Other (Specify): __ State Zip code + 4 Fax #: (661) 942 - 2621 Tel. #: (661) 951-8553 E-Mail Address: avac01@cs.com Application Information 12. Are any research activities involving human subjects planned at 9. Type of Submission: any time during the proposed project period? -PreApplication -Application Yes (Go to 12a.) \underline{X} No (Go to item 13.) Construction Construction Non-Construction X Non-Construction 12a. Are all the research activities proposed designated to be 10. Is application subject to review by Executive Order 12372 process? exempt from the regulations? X Yes (Date made available to the Executive Order 12372 Yes (Provide Exemption(s) #): process for review): 07 / 02 / 02 No (Provide Assurance #): No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. 13. Descriptive Title of Applicant's Project: Program has not been selected by State for review. AVAC f.a.m.i.l.y. (fostering, administering, mentoring, investing in the lives of youth) Program 11. Proposed Project Dates: 08 / 01 / 02 07 / 31 / 05 **Start Date:** End Date: **Authorized Representative Information Estimated Funding** 15. To the best of my knowledge and belief, all data in this preapplication/application are true \$ <u>181,180</u>. 00 and correct. The document has been duly authorized by the governing body of the applicant 14a. Federal b. Applicant \$ _____. 00 and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly.) c. State Gary Thomas d. Local e. Other \$_____.00 b. Title: Executive Director c. Tel. #: (661) 951 - 8553 Fax #: (661) 942 - 2126 f. Program Income \$ _____.00 d. E-Mail Address: avac01@cs.com e. Signature of Authorized Representative g. TOTAL \$ 181,180.00

Federal Register/Vol. 67, No. 102/Tuosday, May 28, 2002/Notices

APPLICATION FO	OR			ATTACHMENT B
FEDERAL ASSIST	TANCE	2 DATE SUBMET	12, 2002	OME Approval No. 0348-0 Applicant Identifier
1. TYPE OF SUBJESSION:				
Application	Preapplication	3. DATE RECEIVE	D by State	State Application Identities
Construction	Construction	A DATE RECENT	D BY FEDERAL AGENCY	
Non-Construction	Mon-Construction	п	DIFFERENCE AUCTOR	Federal Identifier
5 APPLICANT INFORMAT	JOH			
Charles	s W. Dunn Ji	r. Inc	Organizational Unit:	
	Mendocino S		Name and telephone n	timber of person to be corducted on matters invo
			This application (over a)	www.sharon A Mill
	na, CA 91001	L	CEO/Chai (626) 7	98-5100
E EMPLOYER MENTIFICAT			7. TYPE OF APPLICA	NT: (enter appropriate letter in box)
TYPE OF APPLICATION:				H. Independent School Dist.
)	Continuation	Ma-44	6 County C. Municipal	i. State Controlled Institution of Higher Learning. J. Private University
	_	☐ Revision	1	Cindian Tribe
i Revision, onter appropriate !	letter(s) in box(es)		E. Provistano	Individual
A. Increase Award B. D			F. Intermunicipal	A. Profit Organization
D. Decress Duration Oth		ase Duration	G. Special District 1	N. Other (Specify) None - Prof.
management of the second of th	······································	· ·	9. NAME OF FEDERAL	Corporation
	<u> </u>	·	DHHS - A	UF/OCS
, CAYALOG OF FEDERAL	DOMESTIC ASSISTANCE	STREET,	44 BECODIE	E OF APPLICANT'S PROJECT:
CSBG		· · · · · · · · · · · · · · · · · · ·		
-	 	93-570	Oll BB- BLOTO	ority Area 4
			 '}. <u>-</u> -	
AWARD	conomic Dev	erobment	Community	/ Economic Develop-
L AREAS AFFECTED BY PA	ROJECT (Cities, Counties, S	elopment	Community	
LOS ANGELES	ROJECT (Cities, Counties, S	elopment	Community	/ Economic Develop-
LAREAS AFFECTED BY PI LOS ANGELES	ROJECT (Cities, Counties, S COUNTY	Cales, etc.):	Community	/ Economic Develop-
LAREAS AFFECTED BY PI LOS ANGELES	ROJECT (Cities, Counties, S COUNTY	NSTRUCTS OF:	Community ment (Pla	/ Economic Develop-
LAREAS AFFECTED BY PI LOS ANGELES PROPOSED PROJECT	COUNTY 14 congressional of Adam Sch	Cales, etc.):	Community ment (Pla	y Economic Develop- anning Projects)
AREAS AFFECTED BY PI LOS ANGELES PROPOSED PROJECT an Date Enging Date	COUNTY 14. CONGRESSIONAL D Adam Sch a. Applicant	NSTRUCTS OF:	Community ment (Pla District District District District	y Economic Develop- anning Projects)
LAREAS AFFECTED BY PE LOS ANGELES PROPOSED PROJECT ent Date Ending Date 0-(-02 10-1-03	COUNTY 14. CONGRESSIONAL D Adam Sch a. Applicant	NSTRUCTS OF:	Community ment (Pla District District	y Economic Develop- anning Projects) strict in os Angeles County
LAREAS AFFECTED BY PE LOS ANGELES PROPOSED PROJECT ent Date Ending Date 0-(-02 10-1-03	COUNTY 14. CONGRESSIONAL D Adam Sch a. Applicant	NSTRUCTS OF:	District Dis	y Economic Develop- anning Projects) strict in s Angeles County BUSICITO REVEW BY STATE EXECUTIVE
LAREAS AFFECTED BY PI LOS ANGELES PROPOSED PROJECT PRI Date	COUNTY 14. CONGRESSIONAL D Adam Sch a. Applicant	istes, etc.): STRICTS OF: iff 27th	Community ment (Pla District District	y Economic Develop- anning Projects) strict in s Angeles County BUSICITO REVEW BY STATE EXECUTIVE
LAREAS AFFECTED BY PI LOS ANGELES PROPOSED PROJECT ant Date Ending Date 0-(-02 10-1-03 ESTIMATED PUNDING:	COUNTY 14 CONGRESSIONAL D Adam Sch a. Applicant	NSTRUCTS OF:	District Dis	y Economic Develop- anning Projects) strict in os Angeles County RUBECTTO REVIEW BY STATE EXECUTIVE RESST
LAREAS AFFECTED BY PI LOS ANGELES PROPOSED PROJECT ent Date	COUNTY 14 CONGRESSIONAL D Adam Sch a. Applicant	istes, etc.): STRICTS OF: iff 27th	District Distri	y Economic Develop- anning Projects) strict in s Angeles County BUSCITO REVIEW BY STATE EXECUTIVE DESS? PLICATION/APPLICATION WAS MADE
LAREAS AFFECTED BY PI LOS ANGELES PROPOSED PROJECT ent Date Fraction Fraction	COUNTY 14. CONGRESSIONAL D Adam Sch a. Applicant	istes, etc.): STRICTS OF: iff 27th	District District	y Economic Develop- anning Projects) strict in os Angeles County RUBECTTO REVIEW BY STATE EXECUTIVE RESST
AREAS AFFECTED BY PI LOS ANGELES PROPOSED PROJECT ent Date	COUNTY 14 CONGRESSIONAL D Adam Sch a. Applicant	istes, etc.): STRICTS OF: iff 27th	District District D. Project District	Strict in Sangeles County Passer To Revew By STATE EXECUTIVE PASSES THE STATE EXECUTIVE PASSES THE STATE EXECUTIVE PASSES THE STATE EXECUTIVE OF THE STATE EXECU
AREAS AFFECTED BY PI LOS ANGELES PROPOSED PROJECT an Date b-1-02 10-1-03 ESTIMATED FUNDING: Federal Applicant	COUNTY 14. CONGRESSIONAL D Adam Sch a. Applicant	istes, etc.): STRICTS OF: iff 27th	District District	Strict in Sangeles County Passer To Revew By STATE EXECUTIVE PASSES THE STATE EXECUTIVE PASSES THE STATE EXECUTIVE PASSES THE STATE EXECUTIVE OF THE STATE EXECU
AREAS AFFECTED BY PI LOS ANGELES PROPOSED PROJECT an Date b-1-02 10-1-03 ESTIMATED FUNDING: Federal Applicant	COUNTY 14. CONGRESSIONAL D Adam Sch a. Applicant	istes, etc.): STRICTS OF: iff 27th	District District District D. Project District Distric	Economic Develop- anning Projects) Strict in S Angeles County BUSCOTTO REVIEW BY STATE EXECUTIVE DESS? PLICATION APPLICATION WAS MADE OTHE STATE EXECUTIVE OFFER 12372 BY REVIEW ON: 11/02
AREAS AFFECTED BY PI LOS ANGELES PROPOSED PROJECT ent Date	COUNTY 14. CONGRESSIONAL D Adam Sch a. Applicant	istes, etc.): STRICTS OF: iff 27th	District Distri	Economic Develop- anning Projects) Strict in S Angeles County BUSCITO REVIEW BY STATE EXECUTIVE DESTRUCTION WAS MADE OTHE STATE EXECUTIVE OFFICE 12372 BY REVIEW ON:
AREAS AFFECTED BY PI LOS ANGELES PROPOSED PROJECT an Date b-(-02 10-1-03) ESTIMATED FUNDING: Federal Applicant	COUNTY 14. CONGRESSIONAL D Adam Sch a. Applicant	istes, etc.): STRICTS OF: iff 27th	District Distri	Economic Develop- anning Projects) Strict in S Angeles County BUSCITO REVIEW BY STATE EXECUTIVE DESTRUCTION WAS MADE OTHE STATE EXECUTIVE OFFICE 12372 BY REVIEW ON:
LAREAS AFFECTED BY PI LOS ANGELES PROPOSED PROJECT ent Date p-(-02 10-1-03 ESTIMATED FUNDING: Federal Applicant State Dotal	COUNTY 14. CONGRESSIONAL D Adam Sch a. Applicant	istes, etc.): STRICTS OF: iff 27th	District Distri	Economic Develop- anning Projects) Strict in S Angeles County BUSCITO REVIEW BY STATE EXECUTIVE DESTRUCTION WAS MADE OTHE STATE EXECUTIVE OFFICE 12372 BY REVIEW ON:
AREAS AFFECTED BY PI LOS ANGELES PROPOSED PROJECT an Date Ending Date 0-1-02 10-1-03 ESTIMATED FUNDING: Federal Applicant State Togram Income	COUNTY 14. CONGRESSIONAL D Adam Sch a. Applicant 5 5 5	75,000	District District D. Project Di LC DISTRICT D. Project Di LC DI DI LC DI	Strict in Sangeles County Buscito Review By State Executive CHESTON WAS MADE OF THE STATE EXECUTIVE OF THE STATE E
LAREAS AFFECTED BY PI LOS ANGELES PROPOSED PROJECT ent Date D-1-02 10-1-03 ESTIMATED FUNDING: Federal Applicant State Docal	COUNTY 14 CONGRESSIONAL D Adam Sch a. Applicant 5 5 5	75,000	District Distri	Economic Develop- anning Projects) Strict in S Angeles County BUSCOTTO REVIEW BY STATE EXECUTIVE DESS? PLICATION/APPLICATION WAS MADE OF THE STATE EXECUTIVE OFFICER 12372 BY REVIEW ON:
2. AREAS AFFECTED BY PI LOS ANGELES 3. PROPOSED PROJECT ant Date Ending Date 0-1-02 10-1-03 CESTIMATED FUNDING: Federal Applicant State Doter Togram Income	COUNTY 14 CONGRESSIONAL D Adam Sch a. Applicant 5 3 5 5	75,000	District Distri	Economic Develop- anning Projects) Strict in S Angeles County RESECT TO REVIEW BY STATE EXECUTIVE RESS? PLICATION/APPLICATION WAS MADE OTHE STATE EXECUTIVE OFFICER 12372 IN REVIEW ON: IS NOT COVERED BY E. O. 12372 IM HAS NOT BEEN SELECTED BY STATE
2. AREAS AFFECTED BY PI LOS ANGELES 3. PROPOSED PROJECT an Date Ending Date 6-1-02 10-1-03 . ESTIMATED FUNDING: Federal Applicant State	COUNTY 14 CONGRESSIONAL D Adam Sch a. Applicant 5 5 5 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7	75,000	District Distri	Strict in Sangeles County Buscitor Review By State Executive County Buscitor Review By State Executive County Buscitor Review By State Executive County Buscitor County Buscitor By E. O. 12372 By Heaview On County Buscitor By E. O. 12372 By Has not covered By E. O. 12372 By Has not been selected By State By E. O. 12372 By Has not been selected By State By E. O. 12372 By Has not been selected By State By E. O. 12372 By Has not been selected By State By E. O. 12372 By Has not been selected By State By E. O. 12372 By Has not been selected By State By E. O. 12372 By Has not been selected By State By E. O. 12372 By Has not been selected By State By E. O. 12372 By Has not been selected By State By E. O. 12372 By Has not been selected By State By E. O. 12372 By Has not been selected By State By By E. O. 12372 By Has not been selected By State By By E. O. 12372 By Has not been selected By State By By E. O. 12372 By Has not been selected By E. O. 12372 By Has no
2. AREAS AFFECTED BY PI LOS ANGELES 3. PROPOSED PROJECT an Date Ending Date 0-1-02 10-1-03 . ESTIMATED FUNDING: Federal Applicant State TO THE BEST OF LET KNOW CUMENT HAS BEEN DULY	COUNTY 14 CONGRESSIONAL D Adam Sch a. Applicant 5 5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	75,000 DATA IN THES APPLIE	District Distri	Economic Develop- anning Projects) Strict in S Angeles County BUSCATION APPLICATION WAS MADE OTHER STATE EXECUTIVE OFFICER 12372 BY REVIEW ON: 11 0 2 SINOT COVERED BY E. O. 12372 WHAS NOT BEEN SELECTED BY STATE V DELINQUENT ON ANY FEDERAL DEBT?
LAREAS AFFECTED BY PI LOS ANGELES PROPOSED PROJECT ent Date ent	COUNTY 14. CONGRESSIONAL D Adam Sch a. Applicant 5 3 5 4 5 5 6 6 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	75,000 DATA IN THES APPLICATION THE ROLL.	District District District D. Project D. Project D. Project D. Project D. Project D. S. APPLICATION S. ORDER 12272 PROV. B. YES. THIS PREAPPLE AVAILABLE TO PROCESS FOR DATE DOR PROGRAM OR REVIEW 17. IS THE APPLICANT OF THE APPLICATION PREAPPLICATION E APPLICATION THE APPLICATION PREAPPLICATION E APPLICATION THE APPLICATION PREAPPLICATION	Economic Develop- anning Projects) Strict in S Angeles County BLICATION APPLICATION WAS MADE OTHE STATE EXECUTIVE OFFICE 12372 BE REVIEW ON: S NOT COVERED BY E. O. 12372 BUT HAS NOT BEEN SELECTED BY STATE
L AREAS AFFECTED BY PI LOS ANGELES L PROPOSED PROJECT an Date Ending Date b-(-02 10-1-03) L ESTIMATED FUNDING: Federal Applicant State OTAL TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY TACHED ASSURANCES IF T	TAL CONGRESSIONAL D Adam Sch a. Applicant S S S S S S S S S S S S S S S S S S	75,000 DATA IN THES APPLICATION OF THE PROPER OF THE PROPERTY	District District D. Project Di LC S. IS APPLICATION SI ORDER 12372 PROC B. YES. THIS PREAPE AVAILABLE TO PROCESS FO DATE	Economic Develop- anning Projects) Strict in S Angeles County BUSCITO REVIEW BY STATE EXECUTIVE DESSY PLICATION APPLICATION WAS MADE OTHE STATE EXECUTIVE OF DER 12372 BY REVIEW ON II D 2 IS NOT COVERED BY E.O. 12372 UM HAS NOT BEEN SELECTED BY STATE PELINQUENT ON ANY FEDERAL DEBT? Ch an explanation. IN ARE TRUE AND CONFRECT, THE APPLICANT WILL COMPLY WITH THE
LAREAS AFFECTED BY PI LOS ANGELES PROPOSED PROJECT an Date Ending Date 0-1-02 10-1-03 ESTIMATED FUNDING: Foderal Applicant TOTHE BEST OF MY KNOW CUMENT HAS BEEN DULY, TACHED ASSUMBATION A. Mi STREET OF AUTHORIZED FROM STARTON A. Mi STREET OF AUTHORIZED FROM STARTON A. Mi	TALEDGE AND BELIEF, ALL AUTHORIZED BY THE GO THE ASSISTANCE IS AWAITED BY THE GO THE ASSISTANCE BY THE GO TH	75,000 DATA IN THES APPLICATION THE ROLL.	District Distri	Economic Develop- anning Projects) Strict in S Angeles County RESCITO REVIEW BY STATE EXECUTIVE RESS? PLICATION VAPPLICATION WAS MADE OTHE STATE EXECUTIVE OFFICE 12372 IN REVIEW ON: 0 2 IS NOT COVERED BY E. O. 12372 UM HAS NOT BEEN SELECTED BY STATE
APPEAR AFFECTED BY PI LOS ANGELES PROPOSED PROJECT an Date Ending Date 0-1-02 10-1-03 ESTEMATED FUNDING: Federal Applicant State TO THE BEST OF MY KNOW CUMENT HAS BEEN DULY. TACHED ASSUMPTION A. M.: STATE ON AUTHORIZES FORCES Sharon A. M.: STATE ON A. M.: STATE ON A. M.: STATE ON AUTHORIZES FORCES	TALEDGE AND BELIEF, ALL AUTHORIZED BY THE GO THE ASSISTANCE IS AWAITED BY THE GO THE ASSISTANCE BY THE GO TH	75,000 DATA IN THES APPLICATION OF THE PROPER OF THE PROPERTY	District Distri	Economic Develop- anning Projects) Strict in S Angeles County BUSCITO REVIEW BY STATE EXECUTIVE DESSY PLICATION APPLICATION WAS MADE OTHE STATE EXECUTIVE OF DER 12372 BY REVIEW ON II D 2 IS NOT COVERED BY E.O. 12372 UM HAS NOT BEEN SELECTED BY STATE PELINQUENT ON ANY FEDERAL DEBT? Ch an explanation. IN ARE TRUE AND CONFRECT, THE APPLICANT WILL COMPLY WITH THE

Grants Coordination, State Clearninghouse, Office of Planning and Research P.O. Box 3044, Room 222 Sacramento, California 95812-3044

	:					<u> V & n </u>
	••				OMBA	pproval No. 0345-0043
APPLICATION FOR					11111	* 2002 9 1
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED 7/12/02		•	Applicant Identifier V	
1. TYPE OF SUBMISSION:				STATE	NO DOLICE	
<u>Application</u>	Preapplication				State STATE CLEAR	ING HOUSE I
Construction	Construction	4. DATE REC	CEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				<u></u>	
5. APPLICANT INFORMATION Legal Name:				Organizational Unit:		
San Fernando	Vallev Small	Busines	s Dev	elopment	n/a	
Address (give city, county, State,	and zip code) Corpor	ation		Name and telephone	number of person to be contact	ed on metters involving
12502 Van Nuys				this application (give a		7 9977
Pacoima, CA 91				Roberto Ba	rragan, 818-907	,-99//
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			7. TYPE OF APPLICA	ANT: (anter appropriate letter in	box)
95 - 3 4 6 4	7 7 1			A. State	H. Independent School Dist.	· M
8. TYPE OF APPLICATION:				B. County	I. State Controlled Institution of	of Higher Learning
	F7 644	Revi	nion	C. Municipal	J. Private University	
L New	Continuation		81011	D. Township	K. Indian Tribe	
if Revision, enter appropriate lett	er(a) in box(es)			E. Interstate	L. Individual	
				F. intermunicipal	M. Profit Organization N. Other (Specify) <u>NON</u> I	rofit Econom
A, Increase Award B. Dec D. Decrease Duration Other(se Duration		G. Special District	Develop	ment Corp.
D. Decrease Duranon Omen	apacity).	•		9. NAME OF FEDERA		
					t of Health and	l Human
		ALLER ED.		Services.	TLE OF APPLICANT'S PROJE	ECT-
10. CATALOG OF FEDERAL D			1 7 0		ILL OF ALL DIOAN OF HOME	
	rvices Block tionary Awar			Pacoima B	usiness Incubat	ion Project
TITLE: Rural F	conomic Deve	lopment)	<u> </u>			***
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, S	tates, etc.):				
Northeast San	Fernando Vall	ev. CA				
13. PROPOSED PROJECT	14. CONGRESSIONAL D	<u> </u>		. 1		
Start Date Ending Date	a, Applicant	***************************************		b. Project		
10/1/02 2/28/04	, , ,	,		26		
15. ESTIMATED PUNDING:	<u> </u>			16. IS APPLICATION	SUBJECT TO REVIEW BY S	TATE EXECUTIVE
				ORDER 12372 PF	ROCES87	
a. Federal	\$	699	່ 998		A DOLGO A TICALIANDO IO ATIONI	INVAC ANADE
h Andioant	\$				APPLICATION/APPLICATION \ E TO THE STATE EXECUTIVE	
b. Applicant	3	41	446		FOR REVIEW ON:	
c. State	S	Ó	1	DATE:	7/9/02	
d. Local	\$		à ·	1		
- 04		······································	6		AM IS NOT COVERED BY E. C GRAM HAS NOT BEEN SELEC	
e. Other	\$	157	123	FOR RE		YIED BI SINIE
f. Program income	\$					
g. TOTAL	\$	89.8	567	-	NT DELINQUENT ON ANY FE	
g. 707AL		076	307	Yes If "Yes,"	sitsch en explanation.	XX No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE G	OVERNING BO				
ATTACHED ASSURANCES IF					I. Talashana Marahan	
a. Type Name of Authorized Rep Roberto Barraga		b. Tide	Drand	tao b	c. Telephone Number	
d. Signature of Authorized Repre			Presi	urditt.	e. Date Signed	
					7/8/02	
Previous Edition Usable	_				Standard Form 424	,
Authorized for Local Poppoduction	n C				Prescribed by OME OP: Priority	

Prescribed by OMB Circular A-102 OP: Priority Area 1 Operational Projects

	15:32							
							EGEIVE	_lnll
						1		
						H_{nH}	OMB Approval No. 0348	-0043
APPLICATION		1	L DATE SUBARTTED		Applicant Identific	•"	JUL - 9 2002	
FEDERAL A	SSISTANC		July 10, 2002					4
1. TYPE OF SUBMIS		l l	L DATE RECEIVED 61	r BTATE	State Applicant lo	terlicor [TE CLEADING HO	Tied
Application	1	oplication	A DATE RECEIVED BY	WENERAL AGENCY	Federal Identifier	STA	TE CLEAKING M	1131
Construction			L DATE RECEIVED OF	repend Alexa	1 edarat (desition		And the second s	
Non-Construct		on-Construction			JVES X NO IF YE		Annual Company of the	
APPLICANT INFORM	NATION ISTRIS	PROPOSAL BEING SUB	WITTED TO ANOTHER	PEDERAL AGENCY? [25, 401 ALA	O1*** XE(3)	
^{ցցի Name:} Sequoia Fou	ındation			Crosnica donar ona.				
Sequoia Fou Address (give city, co		2 codel		Name and takenham	e and E-meil numbe	r of the pers	on to be contacted on meliars involv	ing
2166 Avenida de	e la Playa, Suite	e D		this application (giv	e aree coda)			
a Jolia, CA 920	37			PI; Mariya Un	derwood, PhD (5)	10) 622-441	S munderwo@dhs.ca.gov	
				ADMIN. CONT	ACT: Pam Petre	es (858) 45	9-0434 iaipetree@aol.com	
EMPLOYER IDENTIF	FICATION HUMBER (7. TYPE OF APPLICA	MT: (acrow appropriet	te l'etter in boi	ø N	
3	3 - 0	1 0 0 2	0 8	A. State		endent Sch		
W. J. W. A. S.	TIAN-			B. County C. Municipal		n Controlled I	institution of Higher Cearning ,	
TYPE OF APPLIC	CATION:			D. Township	K. India		•	Ì
	WeW	☐ Continuation	☐ Revision	E. Interstate	L. imak			
				F. Internunicip G. Special Dist		r Organizatio ir (Specify)	non-profit corporation	l
Ravision, anter app A. Increase Award			roese Duration			. (
O. Decrease Dura				A HAME OF PEDERA	LL AGENCY:			
								ŀ
			ــــــــــــــــــــــــــــــــــــــ	U.S. E	Environmental Pi	ratection #	Agency - ORD - NCER	1
	· · · · · · · · · · · · · · · · · · ·			l				
10. CATALOG OF FED		6 6.	5 0 0	11. DESCRIPTIVE TO	TLE OF APPLICANTS			
10. CATALOG OF FED ASSISTANCE MUM		6 6 .	5 Q Q				llaborative	
	EER!	6 8.	5 a a		TLE OF APPLICANTS		llaborative	
ASSISTANCE NUM	FAR - J1				TLE OF APPLICANTS		Naborative	
ASSISTANCE MUM TITLE: 2002-ST	FAR - J1	6 6 .			TLE OF APPLICANTS		laborative	
ASSISTANCE MUN TITLE: 2002-ST	FAR - J1 DBY PROJECT (CHAIN Inty, California				TLE OF APPLICANTS		llaborative	
ASSISTANCE MUM TITLE: 2002-ST 12. AREAS AFFECTED San Diego Cour	FAR - J1 DBY PROJECT (CHAIN Inty, California				TLE OF APPLICANTS		llaborative	
ASSISTANCE MUN TITLE: 2002-ST 12. AREAS AFFECTED San Diego Court Humboldt Courty	FER: TAR - J1 DISVERGUECT (COM INTY, California y, California EET:	m, counties, states, etc.):			TLE OF APPLICANTS		laborative	
ASSISTANCE MUN TITLE: 2002-ST 2. AREAS AFFECTED San Diego Court Humboldt County	FIAR - J1 DBV PROJECT (closenty, California y, California	e, counties, states, etc.); 14. CONCRESSION e. Applicant			TLE OF APPLICANTS SEESTMENT: A STATE D. Project	►Tribal Co		
ASSISTANCE MUN TITLE: 2002-ST 12. AREAS AFFECTED San Diego Court Humboldt County 13. PROPOSED PRIMA Start Date	FER: TAR - J1 DISVERGUECT (COM INTY, California y, California EET:	m, counties, states, etc.):			TLE OF APPLICANTS	►Tribal Co		
ASSISTANCE MUN TITLE: 2002-ST 12. AREAS AFFECTED San Diego Court Humboldt County 13. PROPOSED PRIM Start Date 1/01/03	DEER: TAR - J1 DEVERDATION (COMMITTEE) TO SEVERALIZE (COMMITTEE) COMMITTEE (COMMITTEE) Ending Date 12/31/05	14 CONGRESSION e. Applicant 49	L DISTRICTS OF:	Holistic Risk Ass	b. Project Districts 1	►Tribal Co	50	
ASSISTANCE MUM TITLE: 2002-ST 12. AREAS AFFECTED San Diego Court Humboldt County 13. PROPOSED PRIM Start Date 1/01/03 15. ESTIMATED TOTA	FIGHT STATE OF THE PROJECT FUNDAMENTS DESTRUCTION OF THE PROJECT FUNDAMENTS DESTRUCTION OF THE PROJECT FUNDAMENTS LEGISTERS LEGI	a. coundes, states, etc.); 14. concerts:snow e. Applicant 49	18. ES APPLICATION 9. YES. Th	Holistic Risk Ass	b. Project Districts 1	, 49, and	50 12212 PROCESS? VAILABLE TO THE	
ASSISTANCE MUM TITLE: 2002-ST 12. AREAS AFFECTED San Diego Cour Humboldt County 13. PROPOSED PRIM Start Date 1/01/03 15. ESTREATED TOTA	DEER: TAR - J1 DEVERDATION (COMMITTEE) TO SEVERALIZE (COMMITTEE) COMMITTEE (COMMITTEE) Ending Date 12/31/05	a. coundes, states, etc.); 14. concerts:snow e. Applicant 49	18. ES APPLICATION 9. YES. Th	Holistic Risk Ass	b. Project Districts 1	, 49, and	50 12212 PROCESS? VAILABLE TO THE	
ASSISTANCE MUM TITLE: 2002-ST 12. AREAS AFFECTED San Diego Court Humboldt County 13. PROPOSED PRIM Start Date 1/01/03 15. ESTMATED TOTA 3. Federal	FIGHT STATE OF THE PROJECT FUNDAMENTS DESTRUCTION OF THE PROJECT FUNDAMENTS DESTRUCTION OF THE PROJECT FUNDAMENTS LEGISTERS LEGI	a. coundes, states, etc.); 14. concerts:snow e. Applicant 49	18. E APPLICATION OF:	Holistic Risk Ass	Districts 1 NEW BY STATE EXECUTION WARDER 1297Z PROCI	, 49, and we get a AS MADE AV ESS FOR RI	50 12212 PROCESS? VAILABLE TO THE	
ASSISTANCE MUM TITLE: 2002-ST 12. AREAS AFFECTED San Diego Cour Humboldt County 13. PROPOSED PRIM Start Date 1/01/03 15. ESTMATED TOTA 16. Applicant	DEER: TAR - J1 DEV PROJECT (chimnty, California by, Celifornia y, Celifornia Ending Date 12/31/05 L PROJECT FUNDING \$ 450,00	e. Applicant 49 0:	18. EL APPLICATION A. YES. THE	Holistic Risk Ass	b. Project Districts 1	, 49, and we get a AS MADE AV ESS FOR RI	50 12212 PROCESS? VAILABLE TO THE	
ASSISTANCE MUN TITLE: 2002-ST 12. AREAS AFFECTED San Diego Court Humboldt Court 13. PROPOSED PRICE 13. PROPOSED PRICE 13. PROPOSED PRICE 15.	DEER: TAR - J1 DEV PROJECT (chimnty, California by, Celifornia y, Celifornia Entr: Ending Date 12/31/05 L PROJECT FUNDING 1 450,00	e. Applicant 49 0:	18. E APPLICATION OF:	Holistic Risk Ass	b. Project Districts 1 WEY STATE EXECUTION WARDER 12372 PROCE	, 49, and twe decen as made at	50 12212 PROCESS? VAILABLE TO THE	
ASSISTANCE MUM TITLE: 2002-ST 12. AREAS AFFECTED San Diego Cour Humboldt County 13. PROPOSED PRIDA Start Date 1/01/03 15. ESTREATED TOTA a. Federal D. Applicant C. State	SEPRENTIAN DESCRIPTION OF THE PROJECT FUNDAMENTS AND ASSESSED OF THE PROJECT FUNDAMENTS ASSESSED OF THE PROJECT FUNDAMENT	a. coundes, states, etc.); 14. concettssmoul e. Applicant 49 0:	18. E APPLICATI 0 a. YES. Th 5	HOISTIC RISK ASS ON EUBLECT TO REVIE HIS PREAPPLICATION TATE EXECUTIVE OR TE PROGRAM IS NOT C	Districts 1 Districts 1 Districts 1 DISTRICT PROCE AVAPPLICATION WARDER 1297Z PROCE COVERED BY E.O.	, 49, and twe decen as made at ess for Ri	50 12372 PROCESS? VAILABLE TO THE EVIEW ON:	
ASSISTANCE MUM TITLE: 2002-ST 12. AREAS AFFECTED San Diego Cour Humboldt County 13. PROPOSED PRIM Start Date 1/01/03 15. ESTIMATED TOTA a. Faderel D. Applicant	DEER: TAR - J1 DEV PROJECT (chimnty, California by, Celifornia y, Celifornia Ending Date 12/31/05 L PROJECT FUNDING \$ 450,00	e. Applicant 49 0:	18. E APPLICATI 0 a. YES. Th 5	Holistic Risk Ass	Districts 1 Districts 1 Districts 1 DISTRICT PROCE AVAPPLICATION WARDER 1297Z PROCE COVERED BY E.O.	, 49, and twe decen as made at ess for Ri	50 12372 PROCESS? VAILABLE TO THE EVIEW ON:	
ASSISTANCE MUM TITLE: 2002-ST 2. AREAS AFFECTED San Diego Cour Humboldt County 3. PROPOSED PRIDA Start Date 1/01/03 15. ESTIMATED TOTA A. Federel D. Applicant C. State	SEPRENTIAN DESCRIPTION OF THE PROJECT FUNDAMENTS AND ASSESSED OF THE PROJECT FUNDAMENTS ASSESSED OF THE PROJECT FUNDAMENT	#4 CONCRESSIONU #4 CONCRESSIONU #4 CONCRESSIONU #49 #6 Applicant #6 #6 #6 #6 #6 #6 #6 #6 #6 #6 #6 #6 #6 #	18. E APPLICATI 0 a. YES. Th 5	HOISTIC RISK ASS ON EUBLECT TO REVIE HIS PREAPPLICATION TATE EXECUTIVE OR TE PROGRAM IS NOT C	Districts 1 Districts 1 Districts 1 DISTRICT PROCE AVAPPLICATION WARDER 1297Z PROCE COVERED BY E.O.	, 49, and twe decen as made at ess for Ri	50 12372 PROCESS? VAILABLE TO THE EVIEW ON:	
ASSISTANCE MUM TITLE: 2002-ST 2. AREAS AFFECTED San Diego Cour fumboldt County 3. PROPOSED PRIDA Start Date 1/01/03 5. ESTMATED TOTA 6. Federal 6. Applicant 6. State 6. Other	FIRE J1 DEV PROJECT (claiming), California Ly, California Ending Date 12/31/05 L PROJECT FUNDING \$ 450,00 \$ 5 45,719	#4 CONCRESSIONU #4 CONCRESSIONU #4 CONCRESSIONU #49 #6 Applicant #6 #6 #6 #6 #6 #6 #6 #6 #6 #6 #6 #6 #6 #	18. E APPLICATI 0 a. YES. 7h 5 0 DA 0 b. NO.	HOISTIC RISK ASS	D. Project Districts 1 Districts 1 DISTRICT PROCE ANAPPLICATION WARDER 12972 PROCE COVERED BY E.O. NOT BEEN SELECT	49, and we get a AS MADE A) ESS FOR RI	50 12372 PROCESS? VAILABLE TO THE EVIEW ON:	
ASSISTANCE MUM TITLE: 2002-ST 2. AREAS AFFECTED San Diego Cour Humboldt County 3. PROPOSED PRIDA Start Date 1/01/03 15. ESTIMATED TOTA A. Federal D. Applicant E. State 1. Local	FIRE J1 DEV PROJECT (claiming), California Ly, California Ending Date 12/31/05 L PROJECT FUNDING \$ 450,00 \$ 5 45,719	#4 CONCRESSIONU #4 CONCRESSIONU #4 CONCRESSIONU #49 #6 Applicant #6 #6 #6 #6 #6 #6 #6 #6 #6 #6 #6 #6 #6 #	18. E APPLICATI 0 a. YES. 7h 5 0 DA 0 b. NO.	HOISTIC RISK ASS ON EUBLECT TO REVIE HIS PREAPPLICATION TATE EXECUTIVE OR TE PROGRAM IS NOT C	D. Project Districts 1 Districts 1 DISTRICT PROCE ANAPPLICATION WARDER 12972 PROCE COVERED BY E.O. NOT BEEN SELECT	49, and we get a AS MADE A) ESS FOR RI	50 12372 PROCESS? VAILABLE TO THE EVIEW ON:	
ASSISTANCE MUM TITLE: 2002-ST 12. AREAS AFFECTED San Diego Cour Humboldt County 13. PROPOSED PRIDA Start Date 1/01/03 15. ESTMATED TOTA 16. Applicant 17. Cotal 18. Other 18. Other 18. Program income	SECT: Ending Date 12/31/05 L PROJECT FUNDING \$ 450,00 \$ \$ 45,719	a. coundes, states, etc.); 14. concettssmoot a. Applicant 49 0: 0.0 0.0	18. EL APPLICATION A. YES. THE APPLICATION OF THE A	HOISTIC RISK ASS	Districts 1 Districts 1 Districts 1 DISTRICT PROCE ANAPPLICATION WARDER 12972 PROCE COVERED BY E.O. NOT BEEN SELECT	. 49, and Tribal Co Tribal Co	50 12372 PROCESS? VAILABLE TO THE EVIEW ON:	
ASSISTANCE MUM TITLE: 2002-ST 2. AREAS AFFECTED San Diego Cour Humboldt County 3. PROPOSED PRIDA Start Date 1/01/03 15. ESTIMATED TOTA A. Federal D. Applicant E. State 1. Local	SEPRENTIAN DESCRIPTION OF THE PROJECT FUNDAMENTS AND ASSESSED OF THE PROJECT FUNDAMENTS AND ASSE	a. coundes, states, etc.); 14. concettssmoot a. Applicant 49 0: 0.0 0.0	18. EL APPLICATION A. YES. THE ST. O. DA. O. D. NO	HOISTIC RISK ASS ON SUBJECT TO REVIE IS PREAPPLICATION TATE EXECUTIVE OR TE PROGRAM IS NOT CO OR PROGRAM HAS	Districts 1 Districts 1 Districts 1 DISTRICT PROCE ANAPPLICATION WARDER 12972 PROCE COVERED BY E.O. NOT BEEN SELECT	. 49, and Tribal Co Tribal Co	50 12772 PROCESS? WILABLE TO THE EVIEW ON: ETE FOR RÉVIÉW	
ASSISTANCE MUM TITLE: 2002-ST 2. AREAS AFFECTED San Diego Cour Humboldt County 3. PROPOSED PRIDA Start Date 1/01/03 15. ESTRACTED TOTA 1. Federel 1. Local 2. Other 1. Program Income 1. TOTAL 1. TOTAL	FAR - J1 DEV PROJECT (Chimity, California by, California by, California bect: Ending Date 12/31/05 L PROJECT FUNDING 1 450,00 5 5 45,719 5 5 495,71	14 CONCRESSIONU a. Applicant 49 0	18. E APPLICATION P	HOISTIC RISK ASS ON EUBLECT TO REVIE IS PREAPPLICATION TATE EXECUTIVE OR TE PROGRAM IS NOT CO OR PROGRAM HAS ICANT DELINQUENT ON If Yes, acach an a	DISTRICTS DISTRICTS	Tribal Co	50 12272 PROCESS? VAILABLE TO THE EVIEW ON: LITE FOR REVIEW NO ENT HAS BEEN DULY	
ASSISTANCE MUM TITLE: 2002-ST 2. AREAS AFFECTED SAN Diego Cour Humboldt County 3. PROPOSED PRIDA Start Date 1/01/03 5. ESTIMATED TOTA A. Fedarel D. Applicant E. State 1. Local B. Other Program Income B. TOTAL B. TO THE SEST OF INCUMPIEZED BY THE	SEPRENECT (CRIMING), California y, California EET: Ending Date 12/31/05 L PROJECT FUNDANC 1 450,00 5 5 45,719 5 5 495,71 MY KNOWLEDGE ANG GOVERNING GOOVER	14 CONCRESSIONU 14 CONCRESSIONU 49 0.00	18. E APPLICATION P	HOISTIC RISK ASSETTING TO REVIEW TO REPORT TO REVIEW OR THE EXECUTIVE OR THE PROGRAM HAS CANT DELINCUENT ON IF Yes, actich en eine Program are the Comply with the actic and the complex actic act	DISTRICTS DISTRICTS	Tribal Co	50 1277 PROCESS? IAILABLE TO THE EVIEW ON: LETE FOR RÉVIEW NO ENT HAS GEEN DURY BARTIANCE IS AWARDED.	
ASSISTANCE MUM TITLE: 2002-ST 2. AREAS AFFECTED San Diego Cour flumboldt County 3. PROPOSED PRIDA SLAT Date 1/01/03 5. ESTMATED TOTA 6. Federal 6. Applicant 6. State 6. Other 6. Program income 7. TOTAL 6. TO THE SEST OF I	SEPERITOR J1 SEVERANECT (CRIMINALLY, California y, Califo	14 CONCRESSIONU 14 CONCRESSIONU 49 0.00	18. E APPLICATION P	HOISTIC RISK ASS ON EUBLECT TO REVIE IS PREAPPLICATION TATE EXECUTIVE OR TE PROGRAM IS NOT C OR PROGRAM HAS ICANT DELINQUENT ON If Yes, action are to L COMPLY WITH THE A' D. Tible	DISTRICTS DISTRICTS	Tribal Co	50 12372 PROCESS? VAILABLE TO THE EVIEW ON: LETE FOR RÉVIEW NO ENT HAS BEEN DULY REDITANCE IS AWARDED. C. Telephone number	
ASSISTANCE MUM TITLE: 2002-ST 2. AREAS AFFECTED San Diego Court dumboldt County 3. PROPOSED PRISA Start Date 1/01/03 5. ESTRACTED TOTA 6. Applicant 6. State 6. Other 7. Program income 7. TOTAL 7. TOTAL 8. TO THE SEST OF INCUMPORIZED BY THE 8. Typed Name of A John S. Petterse	SEPREMENT (Chimnle), California ECT: Ending Date 12/31/05 L PROJECT FUNDING \$ 450,00 \$ 5 \$ 495,719 \$ 5 \$ 495,71	9 .0 DEPLIEF, ALL CATA IN TURING	18. E APPLICATION P	HOISTIC RISK ASSETTING TO REVIEW TO REPORT TO REVIEW OR THE EXECUTIVE OR THE PROGRAM HAS CANT DELINCUENT ON IF Yes, actich en eine Program are the Comply with the actic and the complex actic act	DISTRICTS DISTRICTS	Tribal Co	50 1277 PROCESS? IAILABLE TO THE EVIEW ON: LETE FOR RÉVIEW NO ENT HAS GEEN DURY BARTIANCE IS AWARDED.	
ASSISTANCE MUM TITLE: 2002-ST 2. AREAS AFFECTED San Diego Cour iumboldt County 3. PROPOSED PRIDA SIGN Date 1/01/03 5. ESTREATED TOTA 6. Federel 6. Applicant 6. State 6. Other 6. Program income 6. TOTAL 6. TO THE SEST OF I	SEPREMENT (Chimnle), California ECT: Ending Date 12/31/05 L PROJECT FUNDING \$ 450,00 \$ 5 \$ 495,719 \$ 5 \$ 495,71	a. councies, states, eac.): 14 CONCRESSIONU a. Applicant 49 0: 0 0 0 0 0 0 0 0 0 0 0 0	18. E APPLICATION P	HOISTIC RISK ASS ON EUBLECT TO REVIE IS PREAPPLICATION TATE EXECUTIVE OR TE PROGRAM IS NOT C OR PROGRAM HAS ICANT DELINQUENT ON If Yes, action are to L COMPLY WITH THE A' D. Tible	DISTRICTS DISTRICTS	Tribal Co	50 12772 PROCESS? VAILABLE TO THE EVIEW ON: LETE FOR RÉVIÉW NO ENT HAS BEEN DULY BERTANCE IS AWARDED. C. Telephone number (858) 459-0434	

Authorized for Local Reproduction

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant information	
Name and Address Legal Name: Community Partners	Organizational Unit
Address: WYSE. Women and Youth Supporting Each Other	Finance and Administration
606 S. Olive Street, Suite 2400	
Los Angeles City	CA Los Angeles 90014 - State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 3 6 9 3 2 0 7 2	6. Novice Applicant X Yes No
3. Applicant's T-I-N 9 5 - 4 3 0 2 0 6 7	7. Is the applicant delinquent on any Federal debt? Yes X No
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B	(If "Yes," attach an explanation.)
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: Mina Kim	A State G Public College or University
Address: 634 S. Spring Street, Suite 902	B Local H Private, Non-Profit College or University
Los Angeles CA 90014- City State ZIP Code + 4	C Special District I Non-Profit Organization D Indian Tribe J Private, Profit-Making Organization
Tel. #: 213, 488, 4942 Fax #: 213,488,4999	E Individual K Other (Specify): F Independent School
E-Mail Address: mina@wyse.org	District
Application Information	
9. Type of Submission:	12. Alearly research activities involving human subjects planned at any time
—PreApplication —Application 1111 — 9 200	्रिकिति the proposed project period?
Construction Construction UV	Vol. (Co to 12a) Y N (Co to to 12a)
Non-Construction Non-Construction 10. Is application subject to review by Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372	HO118-EAre all the research activities proposed designated to be exempt
10. Is application subject to review by Executive Order 12372 process?	from the regulations?
	Yes (Provide Exemption(s) #):
process for review): 7/2/02	No (Provide Assurance #):
No (If "No," check appropriate box below.)	13. Descriptive Title of Applicant's Project:
Program is not covered by E.O. 12372.	WYSE California Expansion Project
Program has not been selected by State for review.	
Start Date: End Date: 11. Proposed Project Dates: 9/1/2002 8/30/2004	
1910	zed Representative Information
14a. Federal \$ \$120 000 00 15. To the best	of my knowledge and belief, all data in this preapplication/application are true and
b. Applicant \$ 00 the applicant	ne document has been duly authorized by the governing body of the applicant and nt will comply with the attached assurances if the assistance is awarded. I Representative (Please type or print name clearly.)
11	T V ELLIOTT
d. Local \$ \$95.000 .00 5 V P	FINANCE & ADMIN.
e. Other \$.00 c. Tel.#: _2	13/439.9640 K16 Fax#: 213/439.9650
f. Program Income \$.00 d. E-Mail Add	13/439.9640 K16 Fax #: 213/439.9650 tress: jelliatt@communitypartners.org
\$215,000	of Authorized Representative

	L ASSI	ISTANCE	2. DATE 5	SUBMITTED		OMB Approval No. 0		
of the country and the first						, ,		
1. TIPE OF SI	HOISSIMBU	Preapplication	3. DATE F	3. DATE RECEIVED BY STATE		E State Application Identiner		
Constru	action .	Construction						
Ŵ Non∗Ca	instruction	☐ Non-Constru	4. DATE H	ECEIVED BY FEDE	RAL AGENCY	Federal Identifier		
5. A PLICANT	T-70770111111111111111111111111111111111		-iiou1					
Laga: Name:			<u>, </u>					
	_Califor	mia Wildlife I	Coundation		Organization	al Unit;		
инт ть (діле с	ury, county, s	tain, and Up code):			Name and te	lephone number of the person to be contacted on matters in		
161 1 13 th	St. Suit	е В			1	The control exercity		
Sacramen	ito CA	95814			‡	L. Haaker		
		TION NUMBER (EIN)	-			342-7181		
	- 0	2 3 4 7	4 4			APPLICANT: (énler appropriate letter in box)		
TY'E DE AP	PLICATION:				A State B. County	H. Independent School Dist		
	Γ]New □ Ce	ntinuation	T	C. Munici	ps) J. Friville University		
	_		unidation]	☐ Revision	D. Townsl D. Intersta			
Roy slop, ente	f approanate	(etter(s) in box(es):			F. Intermunicipal M. Profit Organization			
	.,,	(a) in contable			- Cope Care	N. Other (Specify) Non-Profit found		
√ іпсаваен	r Award	B. Decrease Award	C. Increase	Figure		·		
). Decrea:	se Duration	Other (specify):	3. 14, may 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Designo()	S MANE OF D	EDERAL AGENCY:		
				,				
				,	Nation	nal Marine Fisheries Service		
LOFTALDG C	FEDERAL	DOMESTIC ASSIST	ANCE NUMBER	lt.	11. DESCRIPT	TIVE TITLE OF APPLICANT'S PROJECT:		
Fisher Utilis:	ies Develop	ment and ch and Development			Rebuildi	ng white abalone in Southern Californi		
Grants	and Cooper	on and Development rative Agreements	1 1 -	4 2 7	Assessm	ent, Culture, Genetics, and Disease		
		ROJECT (Cities, Cou			\$ · · · · · · · · · · · · · · · · ·			
		NOBECT (CMBI, COU	rvies, States, etc.	1	1 //2//////	1 /25 12 11 10// 12 1 125 1		
				<i>f</i>				
out tern C	alifomia	ocean waters						
		ocean waters	;					
OBZOSE RS	PROJECT	14. CONGRE				JUL - 9 2002		
PR POSED	PROJECT Ending Date	14. CONGRE	SSIONAL DISTI		b. Project			
. PR JPOSED pt () de J/ () Q2	PROJECT Ending Date 9/30/03	14. CONGRE	SSIONAL DISTI		D. Project	JUL - 9 2002		
PR JPOSED of Onte /// Q2 ESTIMATED	PROJECT Ending Date 9/30/03	14. CONGRE a Applicant 5 th Distri	SSIONAL DISTI	RICTS OF:	D. Project	JUL - 9 2002		
PRIPOSED of the property of th	PROJECT Ending Date 9/30/03	14. CONGRE a Applicant 5 th Distri	SSIONAL DISTI		D. Project	JUL - 9 2002 U		
PR PPOSED of 0 ste /// 02 ESTIMATED Pedent	PROJECT Ending Dan 9/30/03 FUNDING;	14. CONGRE a Applicant 5 th Distri	SSIONAL DISTI	RICTS OF:	b. Project	HICATION SUBJECT IN FINANCE STATE EXECUTIVE		
PR PROSED pt () ite // L/Q2 ESTIMATED Pecienal	PROJECT Ending Dan 9/30/03 FUNDING;	14. CONGRE a. Applicant 5 th Distri 3	SSIONAL DISTI	RICTS OF:	5. Project 16.16 APP 5 PROPET	HCATION FURLEY THE FILE STATE EXECUTIVE THIS PREAPPLICATION APPLICATION WAS MADE AVAILATED THE STATE EXECUTIVE ORDER 13772 PROGRESS OF THE STATE EXECUTIV		
PR PROSED pt () ite // L/Q2 ESTIMATED Pecienal	PROJECT Ending Dan 9/30/03 FUNDING;	14. CONGRE a. Applicant 5 th Distri 237	SSIONAL DISTI	RICTS OF:	5. Project 16.16 APP 5 PROPET	HICATION SUBJECT IN FINANCE STATE EXECUTIVE		
PR PPOSED of the of the of the of the of the of the	PROJECT Ending Dai 9/30/03 FUNDING:	14. CONGRE a. Applicant 5 th Distri 237 5 61	ssional disti	.00	5: Project 16. 16 APP PROPEI a. YES.	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILATED THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
PR PROSED IN 1) de IV 1/ Q2 ESTIMATED Pecte ou Notificant	PROJECT Ending Dai 9/30/03 FUNDING:	14. CONGRE a. Applicant 5 th Distri 237	ssional disti	.00	5: Project 16. 16 APP PROPEI a. YES.	HCATION FURLEY THE FILE STATE EXECUTIVE THIS PREAPPLICATION APPLICATION WAS MADE AVAILATED THE STATE EXECUTIVE ORDER 13772 PROGRESS OF THE STATE EXECUTIV		
. PR PPOSED and Orde J/ J/ Q2 ESSIMATED Federal Popilicant State	PROJECT Ending Dai 9/30/03 FUNDING:	14. CONGRE a. Applicant 5 th Distri 237 5 61	ssional disti	.00	5: Project 16. 16 APP PROPEI a. YES.	ECATION SUPLEMENT IN THE STATE EXECUTIVE THIS PREAPPLICATION WAS MADE AVAILATED THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:		
PR POSED IN 10 de IV Q2 ESTIMATED Federal Popul cant	PROJECT Ending Dai 9/30/03 FUNDING:	14. CONGRE a. Applicant 5 th Distri 237 5 61	2,781	.00	b. Project 16. 16 ARP PROPET a. YES.	ECATION SUPLEMENT IN THE STATE EXECUTIVE THIS PREAPPLICATION / APPLICATION WAS MADE AVAILATED THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE		
PR PPOSED TO the TO the Posterni Posterni Notificant Rice:	PROJECT Ending Dai 9/30/03 FUNDING;	14. CONGRE a. Applicant 5 th Distri 237 5 5 220	ssional disti	.00 .00	b. Project 16. 16 ARP PROPET a. YES.	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILATED THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE DATE PROGRAM IS NOT COVERED BY E.O. 12372		
. PR JPOSED in () ite	PROJECT Ending Dai 9/30/03 FUNDING;	14. CONGRE a. Applicant 5 th Distri 237 5 61	2,781	.00 .00	b. Project	ECATION RUBLECT IN THE STATE EXECUTIVE THIS PREAPPLICATION APPLICATION WAS MADE AVAILATED THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FREVIEW		
PR PPOSED IT () the IT () Q2 ESTIMATED Pecte out Note cant State Octa	PROJECT Ending Dail 9/30/03 FUNDING:	14. CONGRE a. Applicant 5 th Distri 237 5 61 5 200	,000	.00 .00 .00	b. Project 16.16 ARP D. PROPEI a. YES.	ECATION SUPLEMENT IN THE STATE EXECUTIVE THIS PREAPPLICATION / APPLICATION WAS MADE AVAILATED THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE		
PROPOSED If the Property of t	PROJECT Ending Dai 9/30/03 FUNDING:	14. CONGRE a. Applicant 5 th Distri 3 237 5 61 5 20 5 331	,000 ,094	.00 .00 .00	b. Project 16.16 ARP D. PROPET 8. YES. 17.15 THE	ECATION SUBJECT IL REMOVED STATE EXECUTIVE THIS PREAPPLICATION/APPLICATION WAS MADE AVAILATED THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FREVIEW APPLICANT DELINQUENT ON ANY FEDERAL DEBT? If Yes, Brisch an explanation		
PR PPOSED TO the PROPOSED TO THE PROSED TO THE PROSED TO THE PROSED	PROJECT Ending Dais 9/30/03 FUNDING:	14. CONGRE a. Applicant 5 th Distri 3 237 5 61 5 331	,000 ,094	.00 .00 .00	b. No. [ECATION SUBJECT IL REMOVED STATE EXECUTIVE THIS PREAPPLICATION WAS MADE AVAILATED THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FACTION APPLICANT DELINQUENT ON ANY FEDERAL DEBT? If Yes, Brisch an explanation.		
PR PPOSED TO the PROPOSED TO THE PROSED TO THE PROSED TO THE PROSED	PROJECT Ending Dais 9/30/03 FUNDING:	14. CONGRE a. Applicant 5 th Distri 3 237 5 61 5 331	,000 ,094	.00 .00 .00	b. No. [ECATION SUBJECT IL REMOVED STATE EXECUTIVE THIS PREAPPLICATION WAS MADE AVAILATED THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FACTION APPLICANT DELINQUENT ON ANY FEDERAL DEBT? If Yes, Brisch an explanation.		
PROPOSED PROPOSED PROPOSED PORTO	PROJECT Ending Dais 9/30/03 FUNDING: OF MY KNO IDRIZED BY EIS AWARD:	14. CONGRE a Applicani 5th Distri 237 5 237 5 331 TWLEDGE AND BELLI THE GOVERNING BEED.	,000 ,094	.00 .00 .00	b. No. [ECATION SUBJECT IL REMOVED STATE EXECUTIVE THIS PREAPPLICATION/APPLICATION WAS MADE AVAILATED THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FREVIEW APPLICANT DELINQUENT ON ANY FEDERAL DEBT? If Yes, Brisch an explanation		
PR PPOSED TO the PPOSED TO the PPOSED TO THE PREST NO HE PREST NO JLY ALTH AS DETANCE	PROJECT Ending Dais 9/30/03 FUNDING: OF MY KNO IDRIZED BY EIS AWARD:	14. CONGRE a Applicani 5th Distri 237 5 237 5 331 TWLEDGE AND BELLI THE GOVERNING BEED.	,000 ,094	.00 .00 .00 .00 .00 .00 .00 .00 .00	b. Project 16.16 APP O PROFET 8. YES. 17.13 THE A TYES IN/PREAPPLICANT	ECATION/SUBJECT IL FILMEND BY STATE EXECUTIVE THIS PREAPPLICATION/APPLICATION WAS MADE AVAILATED THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE DATE PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FREVIEW APPLICANT DELINQUENT OR ANY FEDERAL DEBT? If 'Yes,' ensch en explanation. A No CATION ARE TRUE AND CORRECT, THE DOCUMENT HE WILL COMPLY WITH THE ATTACHED ASSURANCES IF		
PR PPOSED TO the Post MATED Federal Notificant State OTA TO HE BEST N ID LY ALTHH AS DETANCE	PROJECT Ending Dais 9/30/03 FUNDING: OF MY KNO IDRIGH BY INDIRECT INDIRECT Ending Dais FUNDING: IT INDIRECT ENDING: IT INDIRECT ENDING: EN	14. CONGRE a Applicant 5th Distri a 237 a 37 a 37	,000 ,094	.00 .00 .00 .00 .00 .00 .00 .00 .00	b. No. [ECATION SUBJECT IL FILMS BY STATE EXECUTIVE I 1272 PROCESS TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FACTION APPLICANT DELINQUENT ON ANY FEDERAL DEBT? If "Yes," Brisch an explanation. ATION ARE TRUE AND CORRECT, THE DOCUMENT HE WILL COMPLY WITH THE ATTACHED ASSURANCES IF		
PR PPOSED If 0 de / 1/ 02 ES MATED Pede ad Debi cant this Defi m Income DIA O HE BEST N O JLY ALTH AS USTANCE	PROJECT Ending Dais 9/30/03 FUNDING: OF MY KNO IDRIGH BY INDIRECT INDIRECT Ending Dais FUNDING: IT INDIRECT ENDING: IT INDIRECT ENDING: EN	14. CONGRE a Applicant 5th Distri a 237 a 37 a 37	,000 ,094	.00 .00 .00 .00 .00 .00 .00 .00 .00	b. Project 16.16 APP O PROFET 8. YES. 17.13 THE A TYES IN/PREAPPLICANT	ECATION/SUBJECT IL FILMEND BY STATE EXECUTIVE THIS PREAPPLICATION/APPLICATION WAS MADE AVAILATED THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE DATE PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FREVIEW APPLICANT DELINQUENT OR ANY FEDERAL DEBT? If 'Yes,' ensch en explanation. A No CATION ARE TRUE AND CORRECT, THE DOCUMENT HE WILL COMPLY WITH THE ATTACHED ASSURANCES IF		

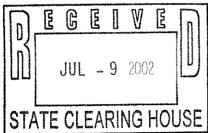
					OMB Approval No. 0348-0048
APPLICATIO		2. DATE SUBMITTED		Applicant Identifier	
FEDERAL AS	SISTANCE	July 10, 2002			
1 TYPE OF SUBMISSI		1. DATE RECEIVED BY	Y STATE	State Applicant Identifier	
A) plication	Preapplication				
Construction	Construction	4. DATE RECEIVED EN	Y FEDERAL AGGNCY	Federal Identifier	
& Non-Construction		<u> </u>			
5 A PLICANTINFORMAT	TON IS THIS PROPOSAL BEING S	LIBRATTIED TO ANOTHER		YES X NO IF YES, LIST ACHOMY	게 (S)
Legal Name:	dation		Organizational Unit:		
Sequoia Foun				A STATE OF THE STA	A CONTRACTOR OF THE PARTY OF TH
Addrass (give city, cour 2166 Avenida de la	a Playa, Suite D		this application (give		to be contacted on matters involving
Le Iolle, CA 92037	7		(*), washiyn One	(310) 022***13	munua wagana ka yay
			ADMIN. CONTA	ACT: Pam Petrae (858) 459-0	0434 iaipetree@aol.com
6. GAPLOYER IDENTIFICA	ATION NUMBER (EIN):		7. TYPE OF APPLICAN	III: (enter eppropriete letter in ticia)	N
3	3 - 0 1 0 0	2 0 8	A. State	H, Independent School	Olst.
			B. County	t. State Controlled Insti	Rution of Higher Learning
8. TYPE OF APPLICAT	ION;		C. Municipal	J. Private University	
	☑ New ☐ Continuation	☐ Revision	D. Township E. Interstate	K, Indian Tribé L. Individual	
	M	C CARONI	F. Intermunicipa		
it Revision, oncer approp	rista letter(s) in box(es):		G. Special Distric		on-profit corporation
A Increase Award	B. Decrease Award C.	increase Duration			
 Decrease Duration 	Other (specify);		W. HANE OF PEDERAL	.AGENCY:	
			U.S. Er	vironmental Protection Age	ncy - ORD - NCER
10 CATALOG OF PEDER	1 7 1 5 1	. 5 0 0	11. DESCRIPTIVE TITL	E OF APPLICANT'S PROJECT:	
FILE: 2002-STAF	R: L		Holistic Risk Asse	ssment: A State-Tribal Collab	oralive
: ILE: 2002-31AF	~ J1				P D W P
12. FEAS AFFECTED BY	PROJECT (cities, counties, states, st	J:			
San Diego County	, California			112	
Humboldt County, C	California		!		Winness and American State of the Control of the Co
					<u>- 9 2002 [</u>
13. FROPOSED PROJECT		HALDESTRICTS OF:		h 0	
	Ending Date a. Applicant			b. Project	
1/01/03 12	2/31/05 49			Districts 147 En @ 50	ARING HOUSE I
16. (STMATED TOTAL P	ROJECT FUNDANG:	16. IS APPLICATE	ON SUBJECT TO REVIEW	BY STATE EXECUTIVE ORDER 1227.	
a. Federal	* 450,000			APPLICATION WAS MADE AVAIL	
	430,000	ST	ATE EXECUTIVE ORD	ER 12372 PROCESS FOR REVIE	W ON:
b. Applicant	\$	TAD 00.	F	7/2/00	
€ State			~ -	1002	*****
	s 45,719	.00 b. NO. 🔲 i	PROGRAM IS NOT CO	VERED BY E.O. 12372	
o c xal	\$.00	OR PROGRAM HAS N	ot been selected by State	FOR REVIEW
e (-ther	\$.00	The second secon		

I ⊸одгал (псота	\$.00 17. IS THE APPLIC	CANT DELINQUENT ON A	NY PEDERAL DIEST?	ı
g. TOTAL	s 405.740	.00 Pés	if "Yes," absch an exp	ianation. (4 No	
-	\$ 495,719		· · · · · · · · · · · · · · · · · · ·	.,	
	CHOMALEDICE AND BELIEF, ALL DATA L'ERNING BODY OF THE APPLICANT A				i
R. Typed Name of Autho	orized Representative		tr. Titses		c. Telephone number
John S. Petterson,			President, Board of	Directors	(BS8) 459-0434
d. Signadurie of Authorize	жі көргелептика	6			Date Signed
	The art	vu-	•		July 8, 2002
Previous Englores Not U	sable 7				Standard Farm 424 (RRV 4-88)

Editions Not Usable ed by OMB CiroLayA-102

Authorized for Local Reproduction

APPLICATION FOR FEEE FAL ASSISTANCE	2.Date S	ubmitted	Applicate	OMS Approval No. 0348-004
). TYPE OF SUBMISSION: .	1 3.Date R	eceived by State		entifier
Applies on Preapplication	1 14.Date R	ec'd by Fed Agency	 Federal Identifier -	
5. APPLIO MT INFORMATION Legal Name			4	
Star Water Resources Control Board		(Organizational Uni Division of Clea		
Address - ive mity, county, state, and zip code):		 Name and telephone	of person to be conta	octed on matters
State Water Resources Control Board 100) - Street Sacremente County Sacremente, IA 95914		Involving this app 	olication (give area or	rda) i
6. EMPTOTE TERMITIFICATION NUMBER (EIR):		I 17.TYPE OF APPLICAN	T: (enter appropriate	etter in box) A ;
F. TYPE APPLICATION:		 A. State B. County C. Municipal	H. Independent (Othool Dist. The Higher Learning
TY New Continuation Revis		D. Township E. Interstate	K. Indian Tr:r- L. Individus	
if Revise a, inter appropriate letter(s) in box(es)		F. Intermunicipal G. Special Distric	M. Profit One wil	wation vol
A. Indies se Award B. Decrease Award		I 19. NAME OF FEDERAL		
C. 1001 se Ouation D. Decrease Duration		: (U.S. Environmen	tal Protection Agence,	
Other - Recify)		<u> </u>	744	
10.CATALOR OF FEBERAL DOMESTIC ASSISTANCE NUMBER	5 1	į	LE OF APPLICANT'S PROJ	
TITLE Leaking Underground Storage Tank Trust Ft	and	Funds will suppo former gas stati	rt redevelopment of \circ h on sites.	endoned and underutilized
Program 12.AREAS : FFECTED BY PROJECT(cities.counties.states	s,etc)	 		
CH : of Gos Angeles				
		: ESSIONAL DISTRICT O	The state of the s	
	a. Appli	canc	. b. Project	
i	3		. Californ	
EF TRATED FUNDING			W BY STATE EXECUTIVE O	
s 100,000.00 a, tes	Execut:	reappiication/Appii Lve Order 12372 pro	cation was made averla cess for review or:	ble to the State
5 .00	Date:	July 8, 2002		
\$ 11,111.00 6. NO:	Pro	ogram is not covere	d by EO 12372.	
\$.00 ©. Other	Or	program has not be	en selected by star - r	OF YOUNGW.
.00	THE BISH Y	Trade bary a not bank and	V V	
Theom: 5 .00 g. 707M;	_	CANT DELINQUENT ON . tach an explanation		
18. TO THE BEST OF MY KNOWLEDGE AND BELLEY, ALL DAT DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERN ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDS	A IN THIS	APPLICATION/PREAP	PLICATION ARE TRUE AND	CORRECT, THE COMPLY WITH THE
a. Types dame of Authorized Representative	lb.	Title		c.Telephone Number
te este Cantú	İ	Executive Directo	r	1 (915) 341-5615
d. Signar we of Authorized Representative	<u> </u>			le. Date Signed
·				
Previou ditions Not Usable AUTHORIZED FOR	LOCAL REF	PRODUCTION	31%	Standard Form 424 (Rev 7-97) escribed by OMB Circular A-01/



Standard Form 424 (Rev. 7-97)

Previous Edition Usable

•		i i			
APPLICATION FOR			Attachmer	nt B-1 OM8 Approval No. 0348-004	
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED		Applicant identifier	
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction Non-Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
S. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
Community Resourc Address (give city, county, State,				number of person to be contacted on matters involving	
250 Harris Ave., Sacramento, CA 9		•	this application (give a Louise Perez	(916) 567-5220 x 233	
EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	NT: (enter appropriate letter in box)	
94-2280	4 2 7		A. State	H. Independent School Dist.	
TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning	
New X	Continuation	Revision `	C. Municipal D. Township	J. Private University K. Indian Tribe	
ll Revision, enter appropriate lett	er(s) In box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
/ L	crease Award C. Increase	e Duration	G. Special District	N. Other (Specify) 501 (C) 3 Non-profit	
			9. NAME OF FEDERA	AL AGENCY:	
				mmunity Services, OCS	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER: 9 3 - 5 7 1	Nutrition P	TLE OF APPLICANT'S PROJECT:	
TITLE: 12. AREAS AFFECTED BY PRO Galt, Citrus Heig	o Ject<i>(Cities, Countles, St</i> Nort ghts}in Sacramento	chern California	`	- D JUL - 9 2002 . U	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		STATE CLEARING HOUSE	
Nutrition Project Start Date Ending Date	a. Applicant		b. Project	ber bers beitrag der beitrag der bers beitrag der	
10/02 9/03	Community Resour	rce Project	Northe	rn Project	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 P	SUBJECT TO REVIEW BY STATE EXECUTIVE	
\$50,000	<u> Γ</u>		ORDER 123/2 P	HOCE35?	
a Federal	\$	50,000 <u></u> ∞		APPLICATION/APPLICATION WAS MADE IE TO THE STATE EXECUTIVE ORDER 12372	
b. Applicant	\$			FOR REVIEW ON:	
c. State	\$, c c	DATE(07/03/02	
d_Local	\$	90		AM IS NOT COVERED BY E. O. 12372	
e. Other	\$	•	FOR RE	OGRAM HAS NOT BEEN SELECTED BY STATE VIEW	
t. Program Income	\$	í,	17. IS THE APPLICA	ANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$. [®]	Yes If 'Yes,' attach an explanation.		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DUL' ATTACHED ASSURANCES IF	Y AUTHORIZED BY THE G	LL DATA IN THIS APPLI OVERNING BODY OF TH	CATION/PREAPPLICA HE APPLICANT AND T	TION ARE TRUE AND CORRECT, THE THE APPLICANT WILL COMPLY WITH THE	
a Type Name of Authorized Re		b. Title		c. Telephone Number	
Louise A. Pere	Ζ	Executive Dire	ctor	(916) 567-5220 x 233	
d. Signature of Authorized Repr		~		e. Date Signed 07/03/02	

APPLICAT FEDERAL	ION FOR ASSISTAN	1 3m	DATE SUBMITTED	· · · · · · · · · · · · · · · · · · ·	Applicani		E G	OMB Approval No. 0348-0
1. TYPE OF SUBMIS Application Construction	Pranpolic Cons	ation truction	DATE RECEIVED I	By State Y Federal Agency	Stala Appl		dentified U	
Non-Construct		Construction				CT	ATEC	LEARING HOUSE
5. APPLICANT INFOI Legal Name:	RMATION	***************************************				101	AILO	New Cores
New Directions	, Inc.			Organizational Unit: New Directions	North			
Address (give city, co	unty, state, and zip c	ode),				ha nera	n le be con	lacted on matters involving this
11303 Wilshire Los Angeles Los Angeles Co CA 90073-100:	ounty	116		application (give are:	er, Clinic	al Dire	octor -(31	0) 914-4045, ext, 105
6. EMPLOYER IDEN				7. TYPE OF APPLIC	ANT: (entel	арргор	riate letter in	i box)
8. TYPE OF APPLIC/ If Revision, unter appr A. Increase Award D. Decrease Oursi	Opriate letter(s) in bo	Award C, Increa	Ravision	A. State B. County C. Municipal D. Township E. Interslate F. Intermunicipa G. Special District 9. NAME OF FEDER	i et	I. Sli J. Pri K. Inc L. Inc M. Pri N. Oil	ivāta Univers Ban Triba Bividual ofit Organiza	d institution of Higher Learning lity
				SAMHSA, (CSAT		`	
10, CATALOG OF FE	REDAL BOURREIA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
ASSISTANCE NU TITLE: Treatmo	MBER: ent for Homeles ED BY PROJECT (c)	is ties, countles, states, etc.	0 0 6					Homeless Veterans
Los Angeles Co	unty, California							·
13. PROPOSED PRO	JECT:	14, CONGRESSIONA	L DISTRICTS OF					MI - 3
Start Date	Ending Date	a. Applicant			b. Proj	act		
12/01/2002	11/30/2005	29			24-41	(Los A	Angeles (County)
18. ESTIMATED FUN			16. IS APPLICA	TION BUBLECT TO RE	NEM BA 8.	(ATE E	ECUTIVE C	ORDER 12372 PROCESS?
å. Faderal	\$	473,509.00	a, YES.TH OKDER	IIS PREAPPLICATION/ 12372 PROCESS FOR	APPLICATION OF THE PROPERTY OF	N: N:	MADE AVA	NLABLE TO THE STATE EXECUTIV
b. Applicant	S	00.000,08	DATE .	06/14/2002				
c. Siste	\$	50,000.00	b. NO. [**	PROGRAM IS NOT C	OVERED BY	/ E.O. 1	2372	
d. Local	\$.00.		OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW				
e. Other	\$	00,000,926						
f. Program Income	\$	355,780.00	1	TION DELINQUENT O		ERAL E	EBT?	Parts.
g, TOTAL	\$	1,289,289.00	YES,	ii "Yoş," aitach an expl	änalion.			₽ No
18. TO THE HEST OF AUTHORIZED BY THE	MY KNOWLEBGE AN	OF THE APPLICANT AN	N THIS APPLICATION THE APPLICANT	N/PREAPPLICATION /	ARE TRUE A	ND COP	RECT, THE	DOCUMENT HAS BEEN DULY IF THE ASSISTANCE IS AWARDED
a. Typed Name of A	uthorized Represen	itativa		b. Title				c. Telephone number
Toni Reinis				Executive Direc	tor			(310) 914-4045
d. Signature of Auth	prized Representat	liv•			*	•		Date Signed
- 12 · A	~ ·							06/14/2002

Application for Federal Education Assistance (ED 424)



J.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information	Organizational Unit			
1. Name and Address				
Legal Name: Coalition for Zero Violence				
Address: 65 S. Grand Avenue, Suite 202				
Pasadena	CA91105-1602			
City	State County ZIP Code + 4			
2. Applicant's D-U-N-S Number 1 1 2 7 1 9 9	97 6. Novice ApplicantYes _x_No			
3. Applicant's T-I-N 9 5 - 4 4 6 3 5 3 7	7. Is the applicant delinquent on any Federal debt?Yes _x_No (If "Yes," attach an explanation.)			
4. Catalog of Federal Domestic Assistance #: 841 8 4 1 t	D			
Title:Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.) $ I $			
	_ A - State F - Independent School District			
Sugar Mod on	B - Local G - Public College or University C - Special District H - Private, Non-profit College or University			
5. Project Director: Susan MacLean	D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organization			
Address: 65 S. Grand Avenue, Suite 202				
Pasadena CA 91105 - 1602	K - Other (Specify):			
Pasadena CA 91105 - 1602 City State Zip code + 4				
Tel. #: (626) 3957484 Fax #: (626)_3957530_				
E-Mail Address: SusanMacLean@pacbell.net				
	STATE CLEARING HOUSE			
Application Information 9. Type of Submission:	12. Are any research activities involving human subjects planned at			
-PreApplication -Application	any time during the proposed project period?			
ConstructionConstruction Non-Construction x_Non-Construction	Yes (Go to 12a.)x No (Go to item 13.)			
	12a. Are all the research activities proposed designated to be			
10. Is application subject to review by Executive Order 12372 process? x_Yes (Date made available to the Executive Order 12372	exempt from the regulations? Yes (Provide Exemption(s) #):			
process for review): _7/_2_/02	No (Provide Assurance #):			
No (If "No," check appropriate box below.)	No (Provide Assurance #).			
Program is not covered by E.O. 12372.	13. Descriptive Title of Applicant's Project:			
Program has not been selected by State for review.	Pasadena Mentoring Program			
11. Proposed Project Dates: _10 / 1 / 2002 9 _ / 30 / 2005				
Start Date: End Date:				
Estimated Funding Authorized Representation 15. To the best of my	resentative Information knowledge and belief, all data in this preapplication/application are true			
14a. Federal \$600,000.00 and correct. The	document has been duly authorized by the governing body of the applicant			
	will comply with the attached assurances if the assistance is awarded.			
	entative (Please type or print name clearly.)			
	ock			
e. Other \$0 00 b. Title:Chairperso	on, Coalition for Zero Violence			
f. Program Income \$	54-2274 x232 Fax #: (323) 254-0598			
	jhitchcock@hillsides.org			
g. TOTAL \$600,000.00 e. Signature of Author	orized Representative Date: 7/ (102			

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Fonn Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information		Orga	inizational Unit	· · · · · · · · · · · · · · · · · · ·		
Name and Address Legal Name: YMCA of Orange County						
_						
Address: 13821 Newport Avenue Suite 200		<u> </u>				
	Art	HAA				
Tustin		CA Orange State County	92780 ZIP Cod	do t d		
City	2	State County	ZIF CO	16 + 4		
2. Applicant's D-U-N-S Number 0 7 9 5	4 3 7 3 2	6. Novice Applicant X	Yes No			
3. Applicant's T-I-N 9 5 - 1 6 4 4		7. Is the applicant deline (If "Yes," attach an e	quent on any Federal deb xplanation.)	t?Yes _XNo		
4. Catalog of Federal Domestic Assistance #: 84	184B					
Title: Youth Achievers		8. Type of Applicant (E	nter appropriate letter in	ı the box.) <u>I</u>		
		A - State	F - Independent School D	istrict		
		B - Local	G - Public College or Uni H - Private, Non-profit Co			
5. Project Director: Adrienne Stokols	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D - Indian Tribe	I - Non-profit Organizatio	on		
Address: 13821 Newport Avenue Suite 2	200	E - Individual	J - Private, Profit-Making	echter () bi comment annual a demand a demand annual annual annual annual annual annual annual annual annual a		
Tustin <u>CA</u>	92780	K - Other (Specify):				
City State	92780		2000//2002/200	(3) (10)		
Tel. #: (714) 549-9622 Fax #: (714)	838-3976		***************************************	8 2002		
E-Mail Address:astokols@ymcaoc.net	***************************************					
Application Information 9. Type of Submission:		12. Are any research ac	tivities involving human	EARING HOUSE (subjects planned at		
-PreApplication -Application		any time during the proposed project period? Yes (Go to 12a.) No (Go to item 13.)				
Construction Construction Non-Construction		Yes (Go to 12	la.) Z No (Go to item	1 13.)		
			esearch activities propos	ed designated to be		
10. Is application subject to review by Executive X Yes (Date made available to the Executive)	Order 12372 process?	exempt from the regulations? Yes (Provide Exemption(s) #):				
process for review):7/ 02/ 2002						
No (If "No," check appropriate box be	olow)	No (Provide A	Assurance #):			
Program is not covered by	E.O. 12372.	13. Descriptive Title of	f Applicant's Project:			
Program has not been selec	ted by State for review.	School based mentor	ng for youth at risk of	school failure and/or d		
fo	A 1221 A	linquency.				
11. Proposed Project Dates: ho / hw ov Start Date:	End Date:					
E-time to d Funding	Authorized Renress	entative Information				
Estimated Funding		owledge and belief, all data	in this preapplication/ap	pplication are true		
14a. Federal \$ 592,881 .00	and correct. The doc	ument has been duly autho	rized by the governing b	ody of the applicant		
b. Applicant \$ 381,150 00	and the applicant wi	ll comply with the attached	l assurances if the assista	nce is awarded.		
c. State \$00	a. Authorized Representa	tive (Please type or print r	name clearly.)			
d. Local \$00	Peggy Carollo					
e. Other \$00	b. Title: Chief Fina	ncial Officer		W		
f. Program Income \$00	c. Tel. #: (714) 549-9622	Fax #: (714) 838-59	76			
-	d. E-Mail Address: pcar	ollo@ymcaoc.net				
g. TOTAL \$ 974,031 .00	e. Signature of Authoriz	zed Representative				
	Levare?	Carollo		Date: 7/1/02		
				-		







U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-90-X970-02
Budget Number:	3 - Budget Pending Approval
Project Information:	FY00 - Capital Assistance

Part 1: Recipient Information

Project Number:	CA-90-X970-02	
Recipient ID:	5566	A A A A A A A A A A A A A A A A A A A
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATIO	N AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932	
Telephone:	(213) 922-2459	
Facsimile:	(213) 922-2476	0.000
		1

Part 2: Project Information

STATE CLEARING HOUSE

Project Type:	Grant	Gross Project Cost:	\$235,501,467
Project Number:	CA-90-X970-02	Adjustment Amt:	\$0
Project Description:	FY00 - Capital Assistance	Total Eligible Cost:	\$235,501,467
Recipient Type:	Transit Authority	Total FTA Amt:	\$198,492,448
FTA Project Mgr:	TA Project Mgr: Ray Tellis 213.202.3956		\$0
Recipient Contact:	Recipient Contact: Gladys Lowe 213.922.2459		\$37,009,019
New/Amendment:	Amendment	Other Federal Amt:	\$0
Amend Reason:	Increase Award	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified

yearran anno anno anno anno anno anno anno	and a superproper superproperty of the superpropert
State Appl. ID:	None Specified
Start/End Date:	Jun. 01, 1998 - Jul. 31, 2007
Recvd. By State:	Jul. 03, 2002
EO 12372 Rev:	YES
Review Date:	Dec. 31, 2001
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Jan. 11, 2002
Program Page:	19 - 25
Application Type:	Electronic
The second states of the second states and the second states of the seco	н инжитинын и инжитин он
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

- Company	S.C. Eff. Date:	None Specified
	Est. Oblig Date:	None Specified
S. remarkation of the second	Pre-Award Authority?:	Yes
anyone, franco	Fed. Debt Authority?:	No
	Final Budget?:	No

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES, CA

Congressional Districts

State ID	District Code	District Official
6	24	Brad J Sherman
6	25	Howard P McKeon
6	26	Howard L Berman
6	27	Adam Schiff
6	28	David Dreier
6	29	Henry A Waxman
6	30	Xavier Becerra
6	31	Hilda L Solis
6	32	Diane E Watson
6	33	Lucille Roybal-Allard
6	34	Grace F Napolitano
6	35	Maxine Waters
6	36	Jane Harman
6	37	Juanita Millender-McDon

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information 1. Name and Address Legal Name: Norwalk-La Mirada Unified School District			Organizational Unit			
				Norwalk-La Mirada Unified Sch District		
Address : 12	820 S. Pioneer Blvd.					
<u>Norwalk</u> City	<u>CA</u> <u>Los Angeles</u> State County	90650- 2875 ZIP Code + 4		•		
2. Applicant's D-U	J-N-S Number <u>0 7 7 7</u>	9 7 7 0 7 2	6. Novice Applic	ant X Ye	s No	
3. Applicant's T-I-N 9 5 - 6 0 0 2 2 2 8			7. Is the applicant delinquent on any Federal debt? Yes X No (If "Yes," attach an explanation.)			
4. Catalog of Fede	ral Domestic Assistance #: 84	l. 1 8 4 B	(-)		•	
Title: Federal M	Ientoring Program		8. Type of Applie	cant (Enter app	ropriate letter in the box.) $ F $	
Address: 12820	: Mr. Chris Forehan S. Pioneer Blvd.	75	A - State B - Local C - Special D D - Indian Tr	G - Pub District H - Privalent	pendent School District lic College or University ate, Non-profit College or University profit Organization	
<u>Norwalk</u> City	<u>CA</u> 90650- 28 State ZIP Code		E - Individua	1 J - Priva	ite, Profit-Making Organization	
City			K - Other (Sp	pecify):		
Tel. #: (562) 80	58-0431 X2106 Fax #: (562) 868-7541			<u> </u>	
E-Mail Addres	s: dickes_kim@nlmusd.k12.c	ea.us			SERVER LINE AND ADDRESS OF THE ADDRE	
					STATE CLEARING HOUS	
X Yes	ssion: ion -Application ction Constructi	truction ve Order 12372 process? Executive Order 12372	any time du Yes (G 12a. Are a exem Yes (P	iring the propose to to 12a.) X If the research a position the region of the region o	nvolving human subjects planned at ed project period? No (Go to item 13.) ctivities proposed designated to be alations? on(s) #):	
No <i>(If</i>)	"No," check appropriate box	below.)	13. Descriptive Title of Applicant's Project:			
	Program is not covered be Program has not been se	ected by State for review.	•		J	
11. Proposed Pro	ject Dates: 9/1/2002 Start Date:	8/31/2005 End Date:	Federal Mentor	ing Program		
Estimated Furnish 14a. Federal b. Applicant c. State d. Local e. Other f. Program Incom g. TOTAL	\$ 200,000.00 \$ 119,010.00 \$.00 \$.729,000.00 \$.00	and correct. The doc	whedge and belief, a ument has been duly ument has been duly ill comply with the at tive (Please type or ck X2200 Fax #: ttuck@nlmusd.k12.ced Representative	all data in this p y authorized by ttached assuranc print name clea (562) 868-754		
		Magr	mar	wik		

pplication for Federal ducation Assistance (ED 424)



J.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant I	nformation					Orga	nizational Unit
1. Name and Ad	idress San Jacinto Un	ified School	<u>District</u>			San J	acinto Unified School District
Address :	2045 S. San Jac	into Ave					
	San Jacinto City	<u>CA</u> State	Riverside County	92583- 5626 ZIP Code + 4			
2. Applicant's l	D-U-N-S Numbe	er <u> 0 7 0</u>	0 9 3 8 3	3 2 9	6. Novice Applica		
	T-I- <u>N 3 3 </u>				7. Is the applican (If "Yes," attac	t delinq ch an ex	uent on any Federal debt?Yes _X_No cplanation.)
4. Catalog of F	ederal Domestic	Assistance #:	84. 1 8 4	B			
Title: Federa	ıl Mentoring Pro	gram			8. Type of Applic	cant (En	ter appropriate letter in the box.) $ F $
	ctor: <u>Myrna Roh</u>				A - State B - Local C - Special D D - Indian Tr	ibe	F - Independent School District G - Public College or University H - Private, Non-profit College or University I - Non-profit Organization
Address :	2045 S. San Ja	cinto Ave			E - Individua		J - Private, Profit-Making Organization
	San Jacinto City	<u>CA</u> State	92583- 56 ZIP Code -		K - Other (Sp	ecify): _	0 2002
Tel #- (909) 929-7700 X42	59 Fax#	: (909) 929 2890	<u>)</u>			JUL - 8 2002
	dress: <u>mrohr@sa</u>						STATE CLEAFING HOUSE
9. Type of Sub -PreAppl Cons X Non-	ication struction Construction	-Application	action onstruction utive Order 1237	72 process?	any time du Yes (G	ring the to 12:	tivities involving human subjects planned at e proposed project period? a.) X No (Go to item 13.) search activities proposed designated to be a the regulations? Exemption(s) #):
<u>X</u> Y	es (Date made of process for revi	available to U	ie Executive Ord	er 12372			Assurance #):
No	(If "No," check	is not covere	box below.) d by E.O. 12372 selected by Stat	 e for review.	13. Descriptive	Title of	Applicant's Project:
11. Proposed	Project Dates:	9/15/2002 Start Date:	<u>8/14</u>	/2005 Date:	Federal Mentor	ing Pro	<u>gram</u>
Estimated	Funding	Start Date.	Authori	ized Represer	ntative Informative Information in the state of the state	all data	in this preapplication/application are true
14a. Federal	\$ 200,000	. 00	and e	correct. The docu	ment has been duly	y author	rized by the governing body of the applicant
b. Applicant	<u>\$ 55,700.</u>		and t	he applicant will	comply with the a	ttached	assurances if the assistance is awarded.
c. State	<u>s.00</u>		a. Author	ized Representati	ve (Please type or	print n	ame clearly.)
d. Local	\$ 273,600) <u>. 00</u>		<u>Dr. Pe</u>	ter Demyan		
e. Other	<u>\$.00</u>		b. Title:	Superintendent			222
f. Program Ir	come <u>\$.00</u>			<u>(909) –929-7700</u>			
g. TOTAL	\$ 529,30 0).00			yan@sanjasinto.kl ed Representative	2.ca.us	
g. IUIAL	<u> </u>		~	$\langle \rangle$	2		Date: <u>6 /28/2002</u>



U.S. Department of Education

Applicant Information		Organizational Unit		
1. Name and Address Legal Name: Alvord Unified School	District	Alvord Unified School District		
		, , , , , , , , , , , , , , , , , , , ,		
Address: 10365 Keller Avenue				
Riverside CA City State	Riverside 92505- 1398 County ZIP Code + 4			
2. Applicant's D-U-N-S Number 10 6	6 1 5 1 7 4 7	6. Novice Applicant X Yes No		
3. Applicant's T-I-N 9 1 - 1 7		7. Is the applicant delinquent on any Federal debt? Yes X No (If "Yes," attach an explanation.)		
4. Catalog of Federal Domestic Assistance	#: 84. 1 8 4 B			
Title: Federal Mentoring Program		8. Type of Applicant (Enter appropriate letter in the box.) $ \underline{F} $		
		A - State F - Independent School District		
5. Project Director: Gale Gorke		B - Local G - Public College or University C - Special District H - Private, Non-profit College or University D - Indian Tribe I - Non-profit Organization I - Non-profit Organization		
Address: 10365 Keller Avenue		E - Individual J - Private, Profit-Making Organization		
	2505 1398 p code + 4	K - Other (Specify):		
Tel. #: (909) 351-7557 Fax #: (909)	351-9382	JUL - 8 2002		
E-Mail Address: ggorke@alvord.k12.ca	ı.us	STATE CLEAPING HOUSE		
10. Is application subject to review by Exe	ruction Construction cutive Order 12372 process?	 12. Are any research activities involving human subjects planned a any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): 		
X Yes (Date made available to process for review): 6/26/2	002			
No (If "No," check appropriate Program has not bee	box below.) red by E.O. 12372. n selected by State for review.	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project:		
		Federal Mentoring Program		
11. Proposed Project Dates: 9/15/2002 Start Date	8/14/2005 End Date:			
Estimated Funding		wledge and belief, all data in this preapplication/application are true		
14a. Federal \$ 200,000. 00		ment has been duly authorized by the governing body of the applicant		
b. Applicant \$ 52,800.00	and the applicant will	comply with the attached assurances if the assistance is awarded.		
c. State \$ 15,790. 00	a. Authorized Representati	ive (Please type or print name clearly.)		
d. Local \$ 57,260. 00	Ronald G. Benn	<u>ett, Ed.D.</u>		
e. Other \$.00	b. Title: Superintendent			
f. Program Income \$.00	c. Tel. #: (909) -509-5070			
	d. E-Mail Address: rbenne	ett@alvord.k12.ca.us		
g. TOTAL \$ 325,850.00	e. Signature of Authorize	Date: 7/01/2002		



J.S. Department of Education

Applicant Information	Organizational Unit
 Name and Address Legal Name: Catholic Healthcare West DBA California Hospital Medi 	ical Center Hope Street Family Center
Address: 1401 South Grand Avenue	
Los Angeles City	CA Los Angeles 90015 - State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 5 3 8 7 9 2 3 5	6. Novice ApplicantYes _X_No
Applicant's T-I-N 9 4 - 1 1 9 6 2 0 3	7. Is the applicant delinquent on any Federal debt?Yes _X_No
. Catalog of Federal Domestic Assistance #: 84. 1 8 4 E	(If "Yes," attach an explanation.)
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.)
True. Westering Hogrania	A - State F - Independent School District
S. Project Director: Vickie Kropenske	B - Local G - Public College or University C - Special District H - Private, Non-profit College or University D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organization
Address: 1401 S. Grand Ave.	K - Other (Specify):
Los Angeles CA 90015 City State Zip code + 4 Tel. #: (213) 742-5893 Fax #: (213) 742-5875	JUL - 8 2002
E-Mail Address: rhume@chw.edu	Ablight yested
Application Information	STATE CLEARING HOUSE
. Type of Submission: -PreApplication Construction Non-Construction X Non-Construction	12. Are any research activities involving human subjects planned a any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.)
O. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372)	12a. Are all the research activities proposed designated to be exempt from the regulations?Yes (Provide Exemption(s) #):
process for review):/	No (Provide Assurance #):
No (If "No," check appropriate box below.)Program is not covered by E.O. 12372Program has not been selected by State for review.	13. Descriptive Title of Applicant's Project:
_ •	Hope Street Mentoring Program
1. Proposed Project Dates: 10/1/02 9/30/05 Start Date: End Date:	•
Estimated Funding Authorized Repre	esentative Information knowledge and belief, all data in this preapplication/application are true
4a. Federal \$ 200,000 . 00 and correct. The d	document has been duly authorized by the governing body of the applicant
Applicant \$ 23,624 . 00 and the applicant	will comply with the attached assurances if the assistance is awarded.
State \$ 00 a. Authorized Represer	ntative (Please type or print name clearly.)
Local \$ 00 Mark A. Meyers	'S
Other \$ 00 b. Title: <u>President</u>	
Program Income \$ 00 c. Tel. #: (213) 742-	5778 Fax #: (213) 765-4078
d. E-Mail Address: me	eyersm@chw.edu
TOTAL \$ 223,624 00 e. Signature of Author	rized Representative A May Date: 7/1/02

Application for Federal Assistance

OMB Approval No. 0348-0043

Assistance	2. Date Sub	omitted (mm	/dd/yyyy)	Applicant dentifier	A CONTRACTOR OF THE CONTRACTOR
		07/02/2	2002		
1. Type of Submission	3, Date Rec	ceived by St	ate (mm/dd/yyyy)	State Application lo	dentifier
Application Pre-application	-				HIMANA PALLA SANIHI PANAMINIA PANAMI
X Construction		4. Date Received by Federal Agency (mm/dd/yyyy)		Federal Identifier	
Non-Construction Non-Constru	uction				
5. Applicant Information				un arrivalistation in the second	
Legal Name			Organizational Unit		
MONTEREY VISTA MOBILE HOME PARK			Monterey Vista Mobile I		· · · · · · · · · · · · · · · · · · ·
Address (give city, county, State, and zip code)			Name and telephone number of application (give area code)	of the person to be co	intacted on matters involving this
144 HOLM ROAD #2 WATSONVILLE, CA 95076			DAVID SEMELSBERGI TEL (619) 544-0123 FAX (619) 544-9110	ER	
6. Employer Identification Number (EIN) (xx-yyyyyyy)			7. Type of Applicant (ente	er appropriate lette	r in box) N
77 — 0574050			A. State	J. Private Univ	
			B. County	K. Indian Tribe	
8. Type of Application:			C. Municipal	L. Individual	
	ion	200	D. Township	M. Profit Organ	ization
		¬	E. Interstate	N Nonprofit	
If Revision, enter appropriate letter(s) in bo	ox(es):		F. Inter-municipal G. Special District	O Public Hous P. Other (Spec	
A. Increase Award B. Decrease Award	C. Increase Du	ıration	H. Independent School Dis	, ,	,,
D. Decrease Duration Other (specify)			i. State Controlled Institution		ng
D. Dodiodo Datation Control (approxy)			9. Name of Federal Agency U.S. DEPT. OF HUD		
10. Catalog of Federal Domestic Assistance Number	(xx-vvv)		11. Descriptive Title of Applic	ant's Project	
			This is an acquisition	of a 123-space	mobile home park
Title: FHA Section 207(m)			including clubhouse, to be financed under the FHA Section		
Till Coolin 201 (m)			207(m) program.		and the same of the same of
		***************************************			The second secon
12. Areas Affected by Project (citles, counties, States,	etc.)				l JUL - 8 2002
Watsonville, Santa Cruz, Californ	nia				JUL 7 2002
13. Proposed Project	14. Congressional D	Districts of	W. Johnson		STATE CLEARING HOUSE
Start Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy)	a. Applicant			b. Project	S стим от гру и выфенент на началения и водо ститей выполняем не составления от применения от применения выполняем на началения выстрания выполняем на началения выполняем на началения выполняем началения выполняем на началения выстра началения выполняем на началения выполняем на началения на
	17th District of	f Californi	а	17th Distric	t of California
15. Estimated Funding			16. Is Application Subject	t to Review by S	tate Executive
			Order 12372 Process	?	
			a. Yes This pre-app State Executive O		n was made available to the ss for review on:
			Date (mm/dd/yyyy	07/02/2002	2
			рас (пинсилууу	/	A PRINTED THE
Complete form HUD-424-M,	Funding Mat	trix	b. No Program is not covered by E.O. 12372		
			or Program has not been selected by State for review.		
			17. Is the Applicant Delinquent on Any Federal Debt?		
			Yes If "Yes," attach an explanation X No		
				ador air explanado	,, <u>X</u> 110
18. To the best of my knowledge and belie authorized by the governing body of the app					
a. Typed Name of Authorized Representative	b. Title				mber (Include Area Code)
MATTHEW D. UFFERMAN	ANAL	LYST		(614) 857-	
d. Signature of Authorized Representative	San.			e. Date Signed (r	mm/dd/yyyy)
Watth D. Ufferm					form SE-424 (7/97)

Previous Edition Usable Authorized for Local Reproduction

Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
FHA Section 207(m)		3,341,000					3,341,000
MPROP			1,500,000				1,500,000
				oosta-ookee aa aa ka			
Grand Totals		3,341,000	1,500,000				4,841,000

^{*} For FHIPs, show both initiative and component

Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of inkind services your local government is contributing to your project or program of activities.

Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

Total: Please total all columns and fill in the amounts.

APPLICATION FOR		2. DATE SUBMITTE	Applicant Identifier			
FEDERAL ASSISTANCE	8					
1. TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE	State Application Identifier			
Application	Preapplication					
D Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Fateral Identifier			
5. APPLICANT INFORMATION		·				
Legal Name: Bay Area Air Qua	lity Management Distric	Organizational Unit:				
Address (give city, county, state, and zip code): San Francisco, C	A 94109	Name and telephone number of the person to be contacted on matters involving this application (give area code) Ronald C. Raimondi, Finance Mamager (415) 749-4957				
6. EMPLOYER IDENTIFICATION (EIN): 9 4 1 6 2 2 7 4 6 8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (enter appropriate letter here) G A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual				
New D Continuation D Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease	- 8 2002	F. Intermunicipal M. Profit Organ G. Special District N. Other (Speci				
C. Increase Duration D. Decrease Other Specify:	ETATE OF EARING HOUSE	9. NAME OF FEDERAL AGENCY: Environmental Protection Agency				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66	5.60_6	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Funding to Continue District's PM2.5 Monitoring Network:				
TTLE: Surveys, Stud	lies, Investigations,					
12. AREAS AFFECTED BY PROJECT (cities. Contra Costa, Marin, Na San Mateo, Santa Clara,	apa, San Francisco,	District's portion \$ 358,455.00 "In-Kind" portion 36,324.00 Total Project \$ 394,779.00				
13. PROPOSED PROJECT:	14. CONGRESSIONAL DISTRICT OF:					
Start Date End Date 7/1/02 6/30/03	a. Applicant:		b. Project 04-13			
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIE	W BY STATE EXECUTIVE ORDER			
s. Foderal	s 394,779.00	12372 PROCESS?				
b. Applicant	\$	YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: The last 5 2002				
c. State	s	July 5, 2002 DATE				
d. Local	\$.	b. NO.				
e. Other	\$	D PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
f. Program Income	s	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
g. TOTAL	\$ 394,779 .00	O Yea If "Yes" attach an explanation.	□ No			
18. TO THE BEST OF MY KNOWLEDX BEEN DULY AUTHORIZED BY TH THE ASSISTANCE IS AWARDED.	GE AND BELIEF. ALL DATA IN THIS API IE GOVERNING BODY OF THE APPLICAN	PLICATION/PREAPPLICATION ARE TRUE AND COR IT AND THE APPLICANT WILL COMPLY WITH THE	RECT, THE DOCUMENT HAS E ATTACHED ASSURANCES IF			
a. Typed Name of Authorized Representative. Ellen Garvey		b. Tale: Air Pollution Control	c. Telephone Number (415) 749-49770			
d. Signature of Authorized Representative			e. Date Signed			
Previous Educas Not Usable	\	<u> </u>	Shandard Form 424A (REV 488)			

JUL - 8 20UZ Application for Federal
Education Assistance (ED 42 STATE CLEARING HOLD ASSISTANCE)

U.S. Department of Education

Applicant Information				
1. Name and Address	. 13		Organizational Unit	ar areas
25.22	Valley Unified Schoo A. Hartman Way	ol District	School District	
	jo, California 926	91		
City		State	_Orange	(949)586-1234 ZIP Code + 4
2. Applicant's D-U-N-S Number	8 5 5 8 9 1 4 1	6. Novice Appli	<u> </u>	
3. Applicant's T-I-N 9 5 2 8 4. Catalog of Federal Domestic Assistan Title: Mentoring Progra	ce #: 8 4 1 8 4 B		nt delinquent on any Federal de ach an explanation.)	bt? Yes XX No
THE STATE OF THE S		Type of Appl	icant (Enter appropriate letter i	n the box.) F
5. Project Director: Carol Lens S.V.U.S.D Address: 25631 Peter A Mission Viejo City Tel. #: (949)580-3222	Hartman Way CA 92691 State ZIP Code + 4 Fax #: (949)454-1711	A State B Local C Special Di D Indian Tril E Individual F Independe	strict I Non-Profit Org pe J Private, Profit- K Other (Specify	rofit College or University anization Making Organization
E-Mail Address: <u>lerman@svu</u>	sd.k12.ca.us	District		
Application Informati	on			
9. Type of Submission:	lication	during the pr	arch activities involving human su oposed project period?	
Construction Non-Construction	Construction Non-Construction	12a. Are al	to 12a.) No (Go to iten	
10. Is application subject to review by Ex Yes (Date made available process for review):	o the Executive Order 12372	Yes (F	ne regulations? Provide Exemption(s) #): rovide Assurance #):	
No (If "No," check appropriate the control of the c			itle of Applicant's Project:	
Program is not covere		1	ack Valley Unifie .ng Connection	ed School Disti
Program has not been	selected by State for review.			1111
Start 1. Proposed Project Dates: Fall 2				anna veri veri veri veri veri veri veri veri
Estimated Funding	Author	ized Repre	sentative Informa	tion
4a. Federal \$ 179, 0			d belief, all data in this preapplicat n duly authorized by the governin	
b. Applicant \$	ΛΛ IL		the attached assurances if the ass lease type or print name clearly.	
c. State \$.00 Jerry	C. Gross		
d. Local \$	- 11	intendent		
e. Other \$.00 c. Tel.#:_(949) 586-12	234 Fax #: <u>(949)</u>	951-0994
f. Program Income \$.00 d. E-Mail Ad		svusd.kl2.ca.us	
1 Year g. TOTAL \$ 179.0	OO 0.00 e Signatur	e of Authorized Re	 -	Date: 6/25/02

3237529763

OMB Approval No. 0348-0043

APPLICATION FOR				14 - 11 12 15 15
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED		Applicant Identifier
		July 8, 2002		
1. TYPE OF SUBMISSION:	İ	3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Prespolication			
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION				
Legal Name:			Qreantzetional Units	the Angels Region-Metro Area
Čatholic Charit	ties of Los A	ngeles, Inc.	13	the state of the s
Address (give city, county, State.			Name and telephone	number of person to be contacted on matters involvin
1531 James M.V			this application (give a	rea code)
Los Angeles, (_ , ,	202 662 1462
100 11190100,	~~		·	arus, 323-662-1462
8. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)
	9 7 3			N
213 2101313	7 217.1 21		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			8. County	I, State Controlled Institution of Higher Learning
24 New	Continuation	Revision	C. Municipal	J. Private University
		Lumud .	D. Township	K. Indian Tribe
If Revision, enter appropriate letti	er(s) in box(es)		E. Interstate	L. Individual
	الهوسوسا الهام المام ال		F. Intermunicipal	M. Profit Organization N. Other (Specify) Nonprofit
A. Increase Award B. Deci	rease Award C. Increase	Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other(s	specify):			
			9. NAME OF FEDERA	
			DHHS ACF O	CS
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NL	MBER:	11. DESCRIPTIVE IT	TLE OF APPLICANT'S PROJECT:
	Ĭ.	9 3 - 5 7 1	"Health Sm	art" will serve no less
	L		than 3,5	00 low income individual
TITLE: Communit	ty Food and N	utrition Pro]9-by provi	ding food and nutrition
12 AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	tes, etc.):	informat	cion.
		- 4		
Los Angeles, Los	s Angeles Cou	nty, CA		
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS			
12 months	30th and 35	th		
Start Date Ending Date	a. Applicant		b. Project	itu mood and Mutrition Pi
8/01/02 7/31/03	Catholic Cha	rities of LA	The Commun.	ity Food and Nutrition Pr
15. ESTIMATED FUNDING:			1	SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 PR	OCES87
a. Federal	\$.30		TON WAS MADE
	50,000		a. YES, THIS PREA	PPLICATION/APPLICATION WAS MADE
b, Applicant	\$,00	AVAILABLE	TO THE STATE EXECUTIVE ORDER 12372
	27,667		PROCE58	FOR REVIEW ON:
c. State	\$.54		uly 8, 2002
		50	DAIE	
d. Local	S	,	L No. C 00000	M IS NOT COVERED BY E. O. 12372
			D. NO. LI PROGRA	FRAM HAS NOT BEEN SELECTED BY STATE
e. Other	\$	•	FOR REV	
	-	00	FORKEY	1 MA T F
f. Program Income	\$.**	40 IN 471W 4 TOUR 1044	IT DELINQUENT ON ANY FEDERAL DEBT?
		DQ	1	
g. TOTAL	\$ 77,667	,	Yes 17 "Yes,"	attach an explanation.
	///00/	DATE IN THIS KOOLIG	ATION/005 A DOLLO AT	TON ARE TRUE AND CORRECT, THE
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALL	LUMIN IN INIO APPLIC VERNING BAAY AS TUI	E APPLICANT AND TH	E APPLICANT WILL COMPLY WITH THE
DUCUMENT HAS BEEN DULY	AUTHURIZED OF THE GU	TERMINA BODE OF 101	to the control of the second o	
ATTACHED ASSURANCES IF T		b. Title		c. Telephone Number
a. Type Name of Authorized Repr Rev. Mopsignor G	TECOTA A		Director	213-251-3464
d. Signature Authorized Region			_ 	e Date Signed 7/8/02
	<i>II</i> .			
Previous Edition Usables		- Variable Annie Control Contr		Standard Form 424 (Rev. 7-97)
Authorized for Local Reproduction	3			Prescribed by OMB Circular A-102
CONTRACTOR TO THE LABOR CONTRACTOR				



J.S. Department of Education

Applicant Information 1. Name and Address) EGEIVE	Organizational Unit		
Legal Name: Shasta County &				
Address: P. O. Box 493	11			
Addless. P. U. BOX 49GL	7 001 8 7/1/2			
	A.T. D. C.			
Redding [5]	ATE CLEARING HO	Shasta 96049 - 3777 County ZIP Code + 4		
2. Applicant's D-U-N-S Number [5 5 5	5 6 6 3 6 3	6. Novice Applicant X Yes No		
3. Applicant's T-I-N 6 8 - 0 0 2 7	7 8 8 8	7. Is the applicant delinquent on any Federal debt?Yes X_No (If "Yes," attach an explanation.)		
4. Catalog of Federal Domestic Assistance #: 84	1 8 4 B	(if res, ander an explanation)		
Title: Mentoring Program		8. Type of Applicant (Enter appropriate letter in the box.)		
5. Project Director: Betty Cunning	ham	A - State F - Independent School District B - Local G - Public College or University C - Special District H - Private, Non-profit College or University		
Address: P. O. Box 4937	777	D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organization		
Redding	<u>CA</u> 96049-	3777 K - Other (Specify):		
City State Tel. #: (530 241 - 5958 Fax #: (5	Zip code + 4 30) 247 - 0915	re-outer (opecity).		
E-Mail Address: _drugfree1@cs.	COM			
Application Information				
9. Type of Submission: -PreApplication Construction Non-Construction X Non-Const	on .	 12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.) 		
Non-ConstructionX Non-Const	ruction	12a. Are all the research activities proposed designated to be		
10. Is application subject to review by Executiv X Yes (Date made available to the Exec	utive Order 12372	exempt from the regulations? Yes (Provide Exemption(s) #):		
process for review): $\frac{07/02}{}$	2002	No (Provide Assurance #):		
No (If "No," check appropriate box of Program is not covered by Program has not been selections.	E.O. 12372.	13. Descriptive Title of Applicant's Project:		
		Shasta County Peer Mentoring Projec		
11. Proposed Project Dates: $\frac{10 /01 / 200}{\text{Start Date:}}$	End Date:	for high school and middle school		
Estimated Funding	Authorized Represer	ntative Information wledge and belief, all data in this preapplication/application are true		
14a. Federal \$ 200,000.00	and correct. The docu	ment has been duly authorized by the governing body of the applicant		
b. Applicant \$ 00	and the applicant will	comply with the attached assurances if the assistance is awarded.		
c. State \$ 27,500.00	a. Authorized Representati	ve (Please type or print name clearly.)		
d. Local \$ 00	Betty Cu			
e. Other \$ 00	b. Title: Executive			
f. Program Income \$00	c. Tel. #: (530) 241	_ 5958 Fax #: (530) 247 _ 0915		
	d. E-Mail Address: dr	ugfreel@cs.com		
g. TOTAL \$ 227,500.00	e. Signature of Authorized	d Representative		
	Atty aus	Date: 0 71 021 2002		

Education Assistance (ED 424)	U.S. Department of Education Form Approved OMB No. 1875-0106
□ E E	Exp. 11/30/2004
Applicant Information 1. Name and Address	pganizational Unit
Legal Name: Assistance League of Southern California JUL	- 8 2002 Volunteer Center of Los Angeles
A.I.I. 037435 N. DI 1 0000	1010
STATE CI	LEARING HOUSE
Panorama City City	CA Los Angeles 91402 - 4818 State County ZIP Code + 4
2. Applicant's D-U-N-S Number [0 7 4 1 3 6 8 4 7]	6. Novice Applicant Yes X No
3. Applicant's T-I-N [9 5 - 1 6 4 1 9 6 0]	7. Is the applicant delinquent on any Federal debt?Yes _XNo
Catalog of Federal Domestic Assistance #: 841 _8_ _4_ B_	(If "Yes," attach an explanation.)
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.) _I_
5. Project Director: Jim Leahv, Executive Director	A - State F - Independent School District B - Local G - Public College or University C - Special District H - Private, Non-profit College or University D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organization
Address: Volunteer Center of Los Angeles, 8134 Van Nuvs Blvd. #200	
Panorama City CA 91402 4818 City State Zip code + 4 Tel. #: (818) 908 - 5066 Fax #: (818) 908 - 5147	K - Other (Specify):
E-Mail Address: jimleahy@vcla.net	
Application Information 9. Type of Submission: - PreApplication - Application Construction Construction Non-Construction X Non-Construction	12. Are any research activities involving human subjects planned at any time during the proposed project period? _X_Yes (Go to 12a.)No (Go to item 13.)
0. Is application subject to review by Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372 process for review): 07 / 02 / 2002	12a. Are all the research activities proposed designated to be exempt from the regulations?Yes (Provide Exemption(s) #):
	X No (Provide Assurance #): None
No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review.	13. Descriptive Title of Applicant's Project: Beyond the Bell Mentoring Program
1. Proposed Project Dates: 10 /01 / 2002	JUL - 5 2002
Estimated Funding Authorized Represen 15. To the best of my know	Itative Information Vedge and belief, all data in this preapplication/application are true House
	ment has been duly authorized by the governing body of the applicant
Applicant S 00 and the applicant will o	comply with the attached assurances if the assistance is awarded.
A	ve (Please type or print name clearly.)
I. Local S 00 Katie Osterloh	
e. Other S 00 b. Title:Presi	dent
. Program Income S	- 1973 Fax #: (323) 469 - 3533
d. E-Mail Address:ema	
z. TOTAL S 808, 283 .00 ex Signature of Authorized	Representative
	1

Application for Federal	U.S. Department of Education
Education Assignance (ED 4PM) Applicant Information	OMB No. 1875-0106 Exp. 11/30/2004
1. Name and Address Legal Name: Oia: Valley Youth Found	Organizational Unit
Address: 201 Church Road STAT	E CLEARING HOUSE ty- Based Organization
Oja:	CA Ventura 93023-3/19 State County ZIP Code + 4
2. Applicant's D-U-N-S Number 799416862	6. Novice Applicant Yes No
3. Applicant's T-I-N 77-0455993	7. Is the applicant delinquent on any Federal debt? Yes No
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title: Mentoring Programs	(If "Yes," attach an explanation.)
5. Project Director: Ruth Cooper	Type of Applicant (Enter appropriate letter in the box.) A State G Public College or University
Address: 201 Church Road	B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization
O: 0: CA 93023-3119 State 93023-3119 Tel. #: 805-640-9555 Fax #: 805-640-9211	D Indian Tribe J Private, Profit-Making Organization E Individual K Other (Specify):
E-Mail Address: Info a O Vyf. org	F Independent School District
Application Information	
9. Type of Submission: —PreApplication —Application	12. Are any research activities involving human subjects planned at any time during the proposed project period?
Construction Construction Non-Construction	Yes (Go to 12a.) No (Go to item 13.)
	12a. Are all the research activities proposed designated to be exempt from the regulations?
10. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372	Yes (Provide Exemption(s) #):
process for review): July 2, 2002	13. Descriptive Title of Applicant's Project:
No (If "No," check appropriate box below.) Program is not covered by E.O. 12372.	Oja: Valley School-Based Mentoring Project
Program has not been selected by State for review. Start Date: End Date:	Mentoring Project
11. Proposed Project Dates: 10/01/02 09/30/05	
	zed Representative Information
correct. The	f my knowledge and belief, all data in this preapplication/application are true and document has been duly authorized by the governing body of the applicant and t will comply with the attached assurances if the assistance is awarded.
b. Applicant \$ 50; AT 3 .00 a. Authorized	Representative (Please type or print name clearly.) anne Nixon Bohnett
b. Title	sociate Director
	05-640-9555 Fax #: 805-640-7211
f. Program income \$.00	
g. TOTAL \$ 235,245 .00 e. Signature of	of Authorized Representative Date: 7/1/02
	Additionaged Representative Date:

07/05/02	12:40 FA	AX 559 638 8842	CAL TREE F	RUIT		~ 4002
APPLICA	TION FOR	2			13	B Approval No. 0348-00
s		-	2. DATE SUBMITTED			1002
FEDERAL ASSISTANCE				Apploant Identine		
. TYPE (F St	JEMISSION:		7/3/2002 3. DATE RECEIVED B	Y STATE	State Application Identifier	
Application		Preapplication			STAPE CELARIE	GHOUSE
Construc		Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	2
Nor Con		Non-Construction			x-989772-01-0	
5. APPLIC ANT	INFOHMATIOI	N		Organizational Unit:		
	ia Tree F	ruit Agreement		Organizational Unit:		
		te, and zip code):		Name and telephone	number of person to be cont	acted on matters involv
1975 ! Str	eet			this application (give .	area sode)	
Reedley,			,	Gary W. Va	n Sickle (559) 63	8-8260
6. EMPLOYER	IDENTIFICATION	ON NUMBER (EIN):			ANT (enter appropriate lette	
					Accordance appropriate tens.	(
	المطابقة الماليات	5.12 1 5.10 1		A. State	H. Independent School Dis	
8. TYPE OF AF	-		المعردين سنفيلا وسيسو	B. County C. Municipal	I. State Controlled Institution	n of Higher Learning
**	∐ Ne	ew Continuation	☐ Revision **	D. Township	J. Private University K. Indian Tribe	
姓名evision ente	er appropriate le	etter(s) in box(es)		E. Interstate	L. Individual	
		Ŀ		F. Intermunicipal	M. Profit Organization	
A. Indredise At			ase Duration	G. Special District		n-Profit
D. Detrit ase 0	Duration Other	r(specify):			() 7	ganization
<i>r</i> -	, _		•	9. NAME OF FEDER		
<u>la fen</u>	sion of x	-989772-01-0		United States Environmental Protection		
10 CATALOGI	OF FEDERAL (DOMESTIC ASSISTANCE	MILINATE CON.	Agency, Reg		
15. OATALOG	or reperove i	DOMESTIC ASSISTANCE		• i	THE OF APPLICANT'S PRO	
	•	,	66 - 606	Tircediated	Pest Management	in acone truit
LTLE:						
12 AREAS AFF	ECTED BY PH	ROJECT <i>(Cities, Counties, :</i> ba, Sutter, Kerr	States, etc.):			
Tulare C	ounties	ma, andreit' vell	(* @))rt			
13. PROPOSED		14. CONGRESSIONAL	20721072.07		AMERICAN AND AND AND AND AND AND AND AND AND A	
10.11101 2022	TROUECT	14. CONGRESSIONAL	DISTRICTS OF:			
Start Date	Ending Date	-a. Applicant		b. Project		The second secon
10/01/52	9/30/03	19		T "	ሳ 91 ኃ	
15. ESTIMATED) FUNDING:			16. IS APPLICATION	0, 21, 2 SUBJECT TO REVIEW BY	STATE EXECUTIVE
	-	· · · · · · · · · · · · · · · · · · ·		ORDER 12372 PF		
a. Federel		\$	34 000			
b. Applicar t		<u> </u>	11,800		APPLICATION/APPLICATION	
,			•	E .	E TO THE STATE EXECUTIVE FOR REVIEW ON:	/E ORDER 12372
c. State		s		11100230	FOR REVIEW OIV.	
				DATE _7	/3/2002	
d. Local		\$, 6ú		•	
e. Other		\$	90		AM IS NOT COVERED BY E.	
			•	FOR REV	GRAM HAS NOT BEEN SELI VIEW	FOLED BA STVIE
f. Program Incom	ie.	S	, bø		14.11	
			,	17. IS THE APPLICA	NT DELINQUENT ON ANY F	EDERAL DEBT?
g. TOTAL		S	, mag r	l	attach an explanation.	₽ No
18. TO THE BES	T OF MY KNO	WLEDGE AND RELIES A	11,800		TION ARE TRUE AND CORR	PC1 140
DOCUMENTER	12 REEU DOFA	AUTHORIZED BY THE C	OVERNING BODY OF TH	MATOWEREAPPLICAT E APPLICANT AND TI	TION ARE TRUE AND CORR HE APPLICANT WILL COMP	ECT, THE
ATTACHED AS	SURANCES IF	THE ASSISTANCE IS AN	/ARDED.	COAREAND II	OF MERITARE MAILE COME	E: WHITI INC
a. Type Name of	Authorized Rep	presentative	b. Tille		c. Telephone Number	
Gain) W.d. Signature of A	Van Sick	<u>le</u>	Research Di	rector	(559) 638-8260	
	uthonzed Répré				e. Date Signed	
Previous a difficult		· · · · · · · · · · · · · · · · · · ·			7/3/2002	
Authorized for Lo		20			Standard Form 42	:4 (HeV. 7-97)



U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information	
1. Name and Address	Organizational Unit
Legal Name: Kern Valley High School (Kern High School District	Center for Achievement, Retention and Enrichment
Address: 3340 Erskine Creek Road	Entonion
Lake Isabella	CA Kern 93240 -
City	State County ZIP Code + 4
2. Applicant's D-U-N-S Number 100118264	6. Novice Applicant Yes No
3. Applicant's T-I-N 95-6001764	7. Is the applicant delinquent on any Federal debt? Yes Vo No
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B	(If "Yes," attach an explanation.)
Title: Mentoring Program	F
	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: Genel Wokal	A State G Public College or University
Address: P. O. Box 750 (summer)	B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization
Kernville CA 93240 - 0750 City State ZIP Code + 4	D Indian Tribe J Private, Profit-Making Organization
•	E Individual K Other (Specify):
Tel. #: (760) 379-2611 Fax #: (760) 379-8314 G WOKAL@KHSD. K12. CA.US E-Mail Address: WGENEL@AOL. COM	F Independent School District
Application Information	•
9. Type of Submission:	Are any research activities involving human subjects planned at any time during the proposed project period?
—PreApplication —Application	daring the proposed project period:
Construction Construction	Yes (Go to 12a.) No (Go to item 13.)
Non-Construction Non-Construction	12a. Are all the research activities proposed designated to be exempt
	from the regulations?
10. Is application subject to review by Executive Order 12372 process?	Yes (Provide Exemption(s) #):
Yes (Date made available to the Executive Order 12372 process for review): 6/25/2002	No (Provide Assurance #):
•	13. Descriptive Title of Applicant's Project:
No (If "No," check appropriate box below.)	Adult/Student One on One Mentoring Program and High School Student/Elementary School Student Mentoring Program
Program is not covered by E.O. 12372.	
Program has not been selected by State for review.	Thomas Com
Start Date: End Date: 10/1/2002 9/30/2005	JUL - 5 2002
r. Proposed Project Dates:	
Estimated Funding Authori	ized Representative Information
	of my knowledge and belief, all data in this preapplication/application are true and
the applica	he document has been duly authorized by the governing body of the applicant and ant will comply with the attached assurances if the assistance is awarded.
b. Applicant \$.00 a. Authorized	d Representative (Please type or print name clearly.)
c. State \$.00 William	Hatcher
d. Local \$.00	perintendent
	(((1) 027 2154
e. Other \$.00 c. Tel.#:((661) 827-3154 Fax #:
f. Program Income \$.00	
"Well	ean D Hatcher
a. TOTAL \$ 0.00 e. Signature	of Authorized Representative Date: 6/25/2002

INDERSO SOCIOTAS						
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED	:	Applicant Identi	ant identinier	
		June 26, 2				
I. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application	on Identifier	
1_11	Preapplication					
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identific	er	
X Non-Construction	Non-Construction			1		
5. APPLICANT INFORMATION			Organizational Unit:			
Legal Name:		Los Angeles	TOIGANIZANONAI ONIL	Program	n Department	
American Lung As	ssociation of	County	Name and telephone		n to be contacted on matters involvin	
Address (give city, county, State,		Ž	this application (give a			
5858 Wilshire B		00	Susana Jaco	omet 323.	-935-5864 x227	
Los Angeles, CA	90036		7. TYPE OF APPLICA	NT: /enter appro	opriate letter in box)	
6. EMPLOYER IDENTIFICATION	I NUMBER (EIN):		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	title (o.mor mpp.	N	
9 5 - 1 6 4 1	4 5 1		A. State	H. Independent	t School Dist.	
8. TYPE OF APPLICATION:			B. County		lled Institution of Higher Learning	
		Revision	C. Municipal	J. Private Unive	ersity	
X New	Continuation	TT Leasing	D. Township	K. Indian Tribe		
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual		
ii i to tidioni, cinor appropriate fotte	- \ / · · · \ /	J . L	F. Intermunicipal	M. Profit Organ		
A. Increase Award B. Decr	rease Award C. Increas	se Duration	G. Special District	N. Other (Spec	sify) Non-profit	
D. Decrease Duration Other(s	specify):			communit	y-based organizati	
			9. NAME OF FEDERA	AL AGENCY:		
			U.S. Envir	onmental	Protection Agency	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N	IUMBER:	11. DESCRIPTIVE TI	TLE OF APPLIC	ANT'S PROJECT:	
Community-Bas		66-606	Healithy 1	Homes for	r Little Lungs	
Asthma Educat	ion and Manag	ement Program	1	ionics io	T BICLIC Hangs	
12 AREAS AFFECTED BY PRO	JECT (Cities, Counties, St		7		* * * * * * * * * * * * * * * * * * * *	
	OJECT (Cities, Counties, St					
12. AREAS AFFECTED BY PRO Los Angeles				1 P	JUL - 5 2002	
		tates, etc.):		ID (II)	JUN - 5 2002	
Los Angeles 13. PROPOSED PROJECT	14. CONGRESSIONAL D	ates, etc.):	lh Project			
Los Angeles 13. PROPOSED PROJECT	14. CONGRESSIONAL D a. Applicant	tates, etc.):	lh Project	4, 26	JUN - 5 2002	
Los Angeles 13. PROPOSED PROJECT Start Date Ending Date 11-30-0 2 11-29	14. CONGRESSIONAL D a. Applicant	ates, etc.):	b. Project 23		JUL - 5 2002	
Los Angeles 13. PROPOSED PROJECT	14. CONGRESSIONAL D a. Applicant	ates, etc.):	b. Project 24	SUBJECT TO	JUN - 5 2002	
Los Angeles 13. PROPOSED PROJECT Start Date 11-30-02 11-29 15. ESTIMATED FUNDING:	14. CONGRESSIONAL D a. Applicant 0 3	ates, etc.): ISTRICTS OF: 3 2	b. Project 23	SUBJECT TO	JUL - 5 2002	
Los Angeles 13. PROPOSED PROJECT Start Date Ending Date 11-30-0 2 11-29	14. CONGRESSIONAL D a. Applicant 0 3	ates, etc.): ISTRICTS OF:	b. Project 2 de la faction de	SUBJECT TO	JUL - 5 2002	
Los Angeles 13. PROPOSED PROJECT Start Date Ending Date 1 - 30 - 0 2 1 1 - 29 15. ESTIMATED FUNDING: a. Federal	14. CONGRESSIONAL D a. Applicant 0 3	ates, etc.): ISTRICTS OF: 3 2	b. Project 24 16. IS APPLICATION ORDER 12372 PI	SUBJECT TO ROCESS?	REVIEW BY STATE EXECUTIVE	
Los Angeles 13. PROPOSED PROJECT Start Date 11-30-02 11-29 15. ESTIMATED FUNDING:	14. CONGRESSIONAL D a. Applicant 0 3	ates, etc.): HISTRICTS OF: 3 2 0 ,000	b. Project 2 d 16. IS APPLICATION ORDER 12372 Pf a. YES. THIS PRE. AVAILABL	SUBJECT TO ROCESS?	REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372	
Los Angeles 13. PROPOSED PROJECT Start Date	14. CONGRESSIONAL D a. Applicant 0 3	ates, etc.): HISTRICTS OF: 3 2 0 ,000	b. Project 2 d 16. IS APPLICATION ORDER 12372 Pf a. YES. THIS PRE. AVAILABL	SUBJECT TO ROCESS? APPLICATION/A E TO THE STAT FOR REVIEW	REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE IE EXECUTIVE ORDER 12372 ON:	
Los Angeles 13. PROPOSED PROJECT Start Date	14. CONGRESSIONAL D a. Applicant -03 \$ 15	ates, etc.): HISTRICTS OF: 3 2 0 ,000	b. Project 2 d 16. IS APPLICATION ORDER 12372 Pf a. YES. THIS PRE. AVAILABL	SUBJECT TO ROCESS? APPLICATION/A E TO THE STATE FOR REVIEW 6-27-01	REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE IE EXECUTIVE ORDER 12372 ON:	
Los Angeles 13. PROPOSED PROJECT Start Date 11-30-0 2 11-29 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State	14. CONGRESSIONAL D a. Applicant -03 \$ 15	ates, etc.): HISTRICTS OF: 3 2 0 ,000	b. Project 2 d 16. IS APPLICATION ORDER 12372 PF a. YES. THIS PRE. AVAILABL PROCESS DATE	APPLICATION/A E TO THE STATE FOR REVIEW 6 6-27-01	REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON:	
Los Angeles 13. PROPOSED PROJECT Start Date	14. CONGRESSIONAL D a. Applicant -03 \$ 15	1ates, etc.): 1STRICTS OF: 3 2 0 ,000	b. Project 2 d 16. IS APPLICATION ORDER 12372 PF a. YES. THIS PRE. AVAILABL PROCESS DATE b. No. PROGR	APPLICATION/AE TO THE STATE FOR REVIEW 6 - 27 - 0 C	REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON: 2 VERED BY E. O. 12372	
Los Angeles 13. PROPOSED PROJECT Start Date 1 1 - 30 - 0 2 11 - 29 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State	14. CONGRESSIONAL D a. Applicant -03 \$ 15	1ates, etc.): 1STRICTS OF: 3 2 0 ,000	b. Project 2 d 16. IS APPLICATION ORDER 12372 PI a. YES. THIS PRE AVAILABL PROCESS DATE b. No. PROGR	APPLICATION/A E TO THE STATE FOR REVIEW (6-27-0) AM IS NOT COVERED (GRAM HAS NO	REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON:	
Los Angeles 13. PROPOSED PROJECT Start Date 11-30-02 11-29 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local	County 14. CONGRESSIONAL D a. Applicant -03 \$ 15 \$	1ates, etc.): PISTRICTS OF: 3 2 0 , 000	b. Project 2 d 16. IS APPLICATION ORDER 12372 PF a. YES. THIS PRE. AVAILABL PROCESS DATE b. No. PROGR	APPLICATION/A E TO THE STATE FOR REVIEW (6-27-0) AM IS NOT COVERED (GRAM HAS NO	REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON: 2 VERED BY E. O. 12372	
Los Angeles 13. PROPOSED PROJECT Start Date	County 14. CONGRESSIONAL D a. Applicant -03 \$ 15 \$	1ates, etc.): 1STRICTS OF: 3 2 0 ,000	b. Project 2 d 16. IS APPLICATION ORDER 12372 PF a. YES. THIS PRE AVAILABL PROCESS DATE b. No. PROGR OR PRO FOR RE	APPLICATION/A E TO THE STATE FOR REVIEW (6-27-0) AM IS NOT COVIGRAM HAS NO	REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON: 2 VERED BY E. O. 12372 T BEEN SELECTED BY STATE	
Los Angeles 13. PROPOSED PROJECT Start Date	County 14. CONGRESSIONAL D a. Applicant -03 \$ 15 \$	1ates, etc.): 11STRICTS OF: 3 2 0 , 000	b. Project 2 d 16. IS APPLICATION ORDER 12372 PF a. YES. THIS PRE AVAILABL PROCESS DATE b. No. PROGR OR PRO FOR RE	APPLICATION/A E TO THE STATE FOR REVIEW (6-27-0) AM IS NOT COVIGRAM HAS NO	REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON: 2 VERED BY E. O. 12372 T BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT?	
Los Angeles 13. PROPOSED PROJECT Start Date	County 14. CONGRESSIONAL D a. Applicant -03 \$ 15 \$	1ates, etc.): PISTRICTS OF: 3 2 0 , 000	b. Project 2 d 16. IS APPLICATION ORDER 12372 PF a. YES. THIS PRE. AVAILABL PROCESS DATE b. No. PROGR OR PRO FOR RE	APPLICATION/A E TO THE STATE FOR REVIEW 6-27-0: AM IS NOT COVERNMENT DELINQUES	REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE IE EXECUTIVE ORDER 12372 ON: 2 VERED BY E. O. 12372 IT BEEN SELECTED BY STATE	
Los Angeles 13. PROPOSED PROJECT Start Date 11-30-0 2 11-29 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	County 14. CONGRESSIONAL D a. Applicant -03 \$ 15 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1ates, etc.): 1STRICTS OF: 3 2 0 ,000	b. Project 2 d 16. IS APPLICATION ORDER 12372 PF a. YES. THIS PRE. AVAILABL PROCESS DATE b. No. PROGR OR PRO FOR RE 17. IS THE APPLICA	APPLICATION/A E TO THE STATE FOR REVIEW 6-27-0: AM IS NOT COVERNMENT DELINQUER ATT DELINQUER attach an explain	REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON: 2 VERED BY E. O. 12372 T BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT? anation.	
Los Angeles 13. PROPOSED PROJECT Start Date	14. CONGRESSIONAL D a. Applicant -03 \$ 15 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ates, etc.): HISTRICTS OF: 3 2 0 ,000	b. Project 2 d 16. IS APPLICATION ORDER 12372 PF a. YES. THIS PRE. AVAILABL PROCESS DATE b. No. PROGR FOR RE 17. IS THE APPLICA Yes If "Yes,"	APPLICATION/A E TO THE STATE FOR REVIEW 6-27-0: AM IS NOT COVER GRAM HAS NO VIEW INT DELINQUE attach an expla	REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON: 2 VERED BY E. O. 12372 T BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT? anation. A No E AND CORRECT, THE	
Los Angeles 13. PROPOSED PROJECT Start Date 11-30-0 2 11-29 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY	14. CONGRESSIONAL D a. Applicant -03 \$ 15 \$ \$ 15 WLEDGE AND BELIEF, A AUTHORIZED BY THE G	ates, etc.): ISTRICTS OF: 3 2 0,000 0,000	b. Project 2 d 16. IS APPLICATION ORDER 12372 PF a. YES. THIS PRE. AVAILABL PROCESS DATE b. No. PROGR FOR RE 17. IS THE APPLICA Yes If "Yes,"	APPLICATION/A E TO THE STATE FOR REVIEW 6-27-0: AM IS NOT COVER GRAM HAS NO VIEW INT DELINQUE attach an expla	REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON: 2 VERED BY E. O. 12372 T BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT? anation. A No E AND CORRECT, THE	
Los Angeles 13. PROPOSED PROJECT Start Date 11-30-0 2 11-29 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	14. CONGRESSIONAL D a. Applicant - 0 3 \$ 15 \$ \$ 15 WLEDGE AND BELIEF, A AUTHORIZED BY THE G THE ASSISTANCE IS AW	ates, etc.): ISTRICTS OF: 3 2 0,000 0,000	b. Project 2 d 16. IS APPLICATION ORDER 12372 PF a. YES. THIS PRE. AVAILABL PROCESS DATE b. No. PROGR FOR RE 17. IS THE APPLICA Yes If "Yes,"	APPLICATION/A E TO THE STATE FOR REVIEW (6-27-0) AM IS NOT COVERNMENT DELINQUES ATTOM ARE TRUE THE APPLICANT	REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON: 2 VERED BY E. O. 12372 T BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT? anation. A No E AND CORRECT, THE T WILL COMPLY WITH THE	
Los Angeles 13. PROPOSED PROJECT Start Date 11-30-0 2 11-29 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF a. Type Name of Authorized Rep	14. CONGRESSIONAL D a. Applicant - 0 3 \$ 15 \$ \$ \$ \$ WLEDGE AND BELIEF, A AUTHORIZED BY THE G THE ASSISTANCE IS AW Dresentative	Ales, etc.): ISTRICTS OF: 3 2 0 , 000	b. Project 2 d 16. IS APPLICATION ORDER 12372 PI a. YES. THIS PRE AVAILABL PROCESS DATE b. No. PROGR OR PRO FOR RE 17. IS THE APPLICA Yes If "Yes," CATION/PREAPPLICA HE APPLICANT AND T	APPLICATION/A E TO THE STATE FOR REVIEW (6-27-0) AM IS NOT COVICEW INT DELINQUEE attach an explain TION ARE TRU (C. Telephone I	REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON: 2 VERED BY E. O. 12372 T BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT? anation. A No E AND CORRECT, THE T WILL COMPLY WITH THE	
Los Angeles 13. PROPOSED PROJECT Start Date 11-30-0 2 11-29 15. ESTIMATED FUNDING: a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	14. CONGRESSIONAL D a. Applicant - 0 3 \$ 15 \$ \$ 15 WLEDGE AND BELIEF, A AUTHORIZED BY THE GTHE ASSISTANCE IS AWDresentative ck	Ales, etc.): ISTRICTS OF: 3 2 0 , 000	b. Project 2 d 16. IS APPLICATION ORDER 12372 PF a. YES. THIS PRE. AVAILABL PROCESS DATE b. No. PROGR FOR RE 17. IS THE APPLICA Yes If "Yes,"	APPLICATION/A E TO THE STATE FOR REVIEW (6-27-0) AM IS NOT COVICEW INT DELINQUE attach an explain TION ARE TRU THE APPLICANT C. Telephone I 323-	REVIEW BY STATE EXECUTIVE APPLICATION WAS MADE TE EXECUTIVE ORDER 12372 ON: 2 VERED BY E. O. 12372 T BEEN SELECTED BY STATE NT ON ANY FEDERAL DEBT? anation. A No E AND CORRECT, THE T WILL COMPLY WITH THE	

APPLICATION FO)R				
FEDERAL ASSIST		2. DATE SUBMITTED			Approval No. 0348-00
		7/3	102		7 E M
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	VSTATE		
Application	Preapplication		TOTALE	stay Application Identifier	
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier 5 2	992 444
Non-Construction	Non-Construction			LEda le roeumet	
5. APPLICANT INFORMAT	ION				
1 -	g Research Foundat:		Organizational Unit:	STATE CLEARIN	G HOUSE
Address (give city, county, S	Rate, and zip code):	lon			
PO Box 440	,,,,,		Name and telephone this application (give a	number of person to be conta	icled on matters involve
Sanci Cruz, CA	Santi Cruz, CA 95061-0440				
C END C ED INC.		******	nou par secc	(831) 426-6606	
6. EMPLOYER IDENTIFICA			7. TYPE OF APPLICA	ANT: (enter appropriate letter	in hysy)
7 - 0 2 5	2 5 4 5		į		NI.
8. TYPE OF APPLICATION:			A. State	H. Independent School Dist	ا ا
	New Z Continuation		B. County C. Municipal	I. State Controlled Institution	n of Higher Learning
	- -	Revision	D. Township	J. Private University K. Indian Tribe	
ff Revision Inter appropriate	liatter(s) in box(es)	1	E. Interstate	L. Individual	,
A 1	-	ا الـــا الـــا	F. Intermunicipal		
A. Increase Award B. Decrease Duration Ot	Decrease Award C. Increas	e Duration	G. Special District	M. Profit Organization N. Other (Specify) Nonpro	ofit Organica:
l section of	пецѕресну);		A 141111 A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
			9. NAME OF FEDERA		
			nnvironments	al Protection Age	icy - Region :
10. CATALING OF FEDERA	L DOMESTIC ASSISTANCE N	UMBER:	11 DESCRIPTIVE TO	TLE OF APPLICANT'S PRO	
			1		
Surveye	Studios Invocati	666-606	,,	rming Research Pro	ojects for
LE STEP	, Studies, Investig	sacions,	Pest and We	eed Management	
1	PROJECT (Cities, Counties, St.	•			
California, Ne	vada, Arizona, and	Hawaii			
13. PROPO SED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			and the same of the same
Start Date Ending Date			b. Project	and the state of t	The second secon
12/31 0 2 12/31/0	04 17th - Sam Fari		All CA, NV	, AZ, and HI dist	ricts
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY	STATE EXECUTIVE
a. Federal	\$		ORDER 12372 PR	ROCESS7	
	,	10,430	A VES THIS DOE	ADDI IO STICALIA DO LOS TROS	
b Applicant	\$		AVAILABI F	APPLICATION/APPLICATION ETO THE STATE EXECUTIV	V WAS MADE
			PROCESS	EOR REVIEW ON:	L UNUCH 125/L
c State	\$, &		101.0	
d. Local	\$		DATE 1	13/02	
		.**	h Mr. 71 mman		
e Other	\$, &	PROGRA	M IS NOT COVERED BY E.	0. 12372
		· '	FOR REV	<mark>Bram</mark> has not been seli New	±CTED BY STATE
I. Program Licome	\$.00	1		
g. TOTAL			17. IS THE APPLICAN	NT DELINQUENT ON ANY F	EDERAL DERTS
g. POTAL	\$),430		sttach an explanation.	
18. TO THE BEST OF MY KI	NOWLEDGE AND RELIES AL	DATA DITURA	1 100, 1		X) No
	NOWLEDGE AND BELIEF, AL JLY AUTHORIZED BY THE GO IF THE ASSISTANCE IS AWA		ATION/PREAPPLICAT	TON ARE TRUE AND CORP	ECT, THE
		ARDED.	IC APPLICANT AND TH	1E APPLICANT WILL COMP	ILY WITH THE
a. Type Name of Authorized F	Representative	b. Tille		c. Telephone Number	
Rob Covernft		Executive Dire	ector	(831) 426-6606	
d Signaluis of Authorized Re	Diazantative/			9. Date Signed	
Previous Epition Usable	U			7/3/02	
Authorized to Local Benrodu	etion			Slandard Form 4:	24 /Day 7 02



U.S. Department of Education

Applicant li	rformation			
1. Name and Address			Organizational Unit	
	no County Office of Edi	acation	LEA	TO ANY OLD STATE OF THE PARTY O
Address: 1111	Van Ness			
Fresn City	IQ		CA Fresno State County	93721 - 2000 ZIP Code + 4
2. Applicant's D-U-N	I-S Number 6 1 8	1 6 5 2 1 1	6. Novice Applicant Yes Mo	
Applicant's T-I-N Catalog of Federal	9 4 - 6 0 0 1 Domestic Assistance #: 8	2 2 1 0 4 1 8 4 B	7. Is the applicant delinquent on any Federa (If "Yes," attach an explanation.)	I debt? Yes V No
Title: Mentoring F			Type of Applicant (Enter appropriate let	ter in the box.) $oxed{F}$
5. Project Director: 1 Address: 1111 V Fresno	an Ness CA	93721 - 2000	B Local H Private, No C Special District I Non-Profit	lege or University on-Profit College or University Organization ofit-Making Organization
City Tel. #: (559) 265-		ZIP Code + 4 (559) 497-3704	E Individual K Other (Spe F Independent School	
	mehrten@fcoe.k12.ca.us			
	Information		12. Are any research activities involving huma	an subjects planned at any time
 Type of Submission —PreApplication 			during the proposed project period?	
Construction		ction	Yes (Go to 12a.) No (Go to	item 13.)
Non-Const		nstruction		
			12a. Are all the research activities prop from the regulations?	osed designated to be exempt
, -	ct to review by Executive C	•	Yes (Provide Exemption(s) #):	
	made available to the Ex		No (Provide Assurance #):	
	ss for review):		13. Descriptive Title of Applicant's Project:	200 A C C C C C C C C C C C C C C C C C C
	lo," check appropriate bo		Mentoring Program	William and State of Control of C
	ram is not covered by E.O.		Archining Lindiani	
Prog	ram has not been selected b			ATTENDA OF THE PROPERTY OF THE
1 Dropped Brains D	Start Date:	End Date: 9/30/05		CTATE OLEADS
1. Proposed Project Da E stimated Fu			zed Representative Inform	nation
- Sumateu Fu	nung			
4a. Federal	\$ 515,014	00 correct. Th	of my knowledge and belief, all data in this preappl le document has been duly authorized by the gover nt will comply with the attached assurances if the	ming body of the applicant and
b. Applicant	\$	OO 11	Representative (Please type or print name clea	
c. State	\$.00 Don Coll	lins	
d. Local	\$ 150,000	.00 b. Title Dep	puty Superintendent	
e. Other	\$,00 c. Tel.#:(559) 265-3090 Fax #:(55	59) 497-3739
f. Program Income	\$.00 d. E-Mail Add	tress: dcollins@fcoe.k12.ca.us	
a TOTAL	< 665,014	0 00 a Signatura	of Authorized Paprasantativa	Date: 7/2/2002



U.S. Department of Education

Applicant Information	Organizational Unit
Name and Address Legal Name: YMCA Community Services	
Address: 12831 Newport Avenue Suite 150	
Tustin City	CA Orange 92780 - State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 7 9 5 4 3	,
3. Applicant's T-I-N _9 _5 - 1 _6 _4 _4 _4 _0 _5 _	
••	(If "Yes," attach an explanation.)
4. Catalog of Federal Domestic Assistance #: 84. 1 8	
Title: United for Success	8. Type of Applicant (Enter appropriate letter in the box.)
	A - State F - Independent School District B - Local G - Public College or University
5. Project Director: Jean Moonilal	C - Special District H - Private, Non-profit College or University D - Indian Tribe I - Non-profit Organization
Address: 12831 Newport Avenue Suite 150	E - Individual J - Private, Profit-Making Organization
Tustin CA 92780 City State Zip code	K - Other (Specify):
City State Zip code Tel. #: (714) 665-1342 Fax #: (714) 838- 5976	JUL - 5 2002
E-Mail Address: astokols@ymcaoc.net	
	STATE CLEARING HOUSE
Application Information 9. Type of Submission:	12. Are any research activities involving human subjects planned at
-PreApplication -Application	any time during the proposed project period? Yes (Go to 12a.) No (Go to item 13.)
Construction Non-Construction Construction Non-Construction	12a. Are all the research activities proposed designated to be
10. Is application subject to review by Executive Order 123	72 process? exempt from the regulations?
X Yes (Date made available to the Executive Order process for review):7/ 02/ 2002	
No (If "No," check appropriate box below.)	No (Provide Assurance #):
Program is not covered by E.O. 1237 Program has not been selected by Sta	2. 13. Descriptive Title of Applicant's Project:
	Community-based Mentoring for foster and homeless youth
11. 110003Cd 1101CCt Dates	l Date:
Estimated Funding Author 15. To the	rized Representative Information ne best of my knowledge and belief, all data in this preapplication/application are true
	correct. The document has been duly authorized by the governing body of the applicant
	the applicant will comply with the attached assurances if the assistance is awarded.
c. State \$ 00 a. Autho	rized Representative (Please type or print name clearly.)
d. Local \$00 Peggy C	<u>arollo</u>
e. Other \$ 00 b. Title:	Chief Financial Officer
f. Program Income \$ 00 c. Tel. #	(714) <u>549-9622</u> Fax #: (714) <u>838-5976</u>
	il Address: pcarollo@ymcaoc.net
g. TOTAL \$ 601,730 .00 e. Signa	ture of Authorized Representative
	Taggy) Carollo EVP Date: 7/1/02



J.S. Department of Education

Applicant Information			Organizational Unit			
Name and Address Legal Name: Jobs For Progress, Inc. Fresno Coun	tv SER		SER-Jobs For Progress, Inc.			
Address: 407 S. Clovis Ave., Suite 109						
Fresno		<u>CA</u>	Fresno 93727 County ZIP C	ode + 4		
City		State	4 • • • • • • • • • • • • • • • • • • •			
2. Applicant's D-U-N-S Number 0 4 7 9 0 2	1 9 7		antYes X_No			
3. Applicant's T-I-N 9 4 - 2 1 8 8 6 0 9	7. Is the applican (If "Yes," atta	t delinquent on any Federal d ch an explanation.)	lebt?Yes <u>X</u> No			
4. Catalog of Federal Domestic Assistance #: 84.1	7 4 B					
Title: Mentoring Programs		8. Type of Appli	cant (Enter appropriate letter			
5. Project Director: Rebecca Mendibles	A - State B - Local C - Special C D - Indian Tr E - Individua	ibe I - Non-profit Organiza	Iniversity College or University ition ing Organization			
	Address: 407 S. Clovis Ave., Suite 109					
Fresno CA City State Tel. #: (559) 452-0881 Fax #: (559) 452-8038						
E-Mail Address: becki.m@netzero.net						
Application Information 9. Type of Submission: - PreApplication - Application Construction Construction Non-Construction X Non-Construction 10. Is application subject to review by Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372)		any time du Yes (G	arch activities involving humaring the proposed project per o to 12a.) X No (Go to ite II the research activities proposet from the regulations? rovide Exemption(s) #):	iod? m 13.) osed designated to be		
process for review): 07/02/02			ovide Assurance #):			
No (If "No," check appropriate box belo Program is not covered by E.C Program has not been selected	O. 12372.		Title of Applicant's Project:	JUL - 5 200		
	09 / 30 / 05 End Date:	SER (Mentor)	ing r togram	STATE CLEARING HO		
Estimated Funding A	uthorized Represe 5. To the best of my kno	entative Informations	ation all data in this preapplication/	The assembly seed to the 20 percent of the 20 million to 2000 percent assemble to the control of the 20 million to 2000 percent assemble to 2000 p		
14a. Federal \$ 473,369.05			authorized by the governing			
b. Applicant \$00	and the applicant wil	ll comply with the at	tached assurances if the assist	tance is awarded.		
	. Authorized Representa	tive (Please type or j	print name clearly.)			
d. Local \$00	Rebecca Mendibles					
	. Title: <u>Executive Dire</u>	ector				
	. Tel. #: (559) <u>452</u> – <u>088</u>	<u>81</u> Fax #	: (559) <u>452 – 8038</u>			
	. E-Mail Address: beck	i.m@netzero.net				
g. TOTAL \$ <u>473,369.05</u> e	. Signature of Authoriz	ed Representative	^			
··· ——	To be well	mande	ble	Date: <u>07 / 02 / 02</u>		

Application for Federal Education Assistance

PA/AWARD No: 5184B020023



U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Informa	tion				
Name and Address			Organizational Unit		
Legal Name: <u>Community</u> Address: <u>5954 Airdrome</u>	School Parent Street	ts Association	Community Magn School District	net Elementary School Los Angeles Unified	
<u>Los Angeles</u> City	***************************************	<u>CA</u> State	Los Angeles County	90035 - ZIP Code + 4	ئـــ
2. Applicant's D-U-N-S Num	ber		6. Novice Applicant	Yes	
3. Applicant's T-I-N 9540)58022	Title: N	Mentoring Programs		
4. Catalog of Federal Domest	tic Assistance #:	84 184B		inquent on any Federal debt? No	
5. Project Director: Pamela	A Marton		(if "Yes," attach an	explanation.) (Enter appropriate letter in the box.)	
Address: Principal, Com	nunity Magnet	School 5954 Airdrome S	A State	G Public College or University	
Los Angeles	CA	90035 -	B Local	H Private, Non-Profit College or University	
City	State	ZIP Code + 4	C Special District D Indian Tribe	I Non-Profit Organization J Private, Profit-Making Organization	
Tel. #: (323) <u>935-7288</u>	Fax #: (32	23) <u>930-2289</u>	E Individual F Independent Scho	K Other (Specify):	
E-Mail Address: pmarton	@lausd k12 ca	115			

Application Information

- 9. Type of Submission:
 - --PreApplication

Non-Construction

10. Is application subject to review by Executive Order 12372 process?

No - Program is not covered by E.O. 12372

12. Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item

12a. Are <u>all</u> the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s)#):

No (Provide Assurance #, if available):

JUL - 5 2002

11. Proposed Project Dates:

Start Date:	End Date:
09/01/2002	08/30/2005

13. Descriptive Title of Applicant's Project:
CATCH: Caring Adults Teaching Children How... an academic mentoring program

Estimated Fun	ding		
14a. Federal	\$	198,745	.00
b. Applicant	\$	0	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	26,000	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	224,745	.00

REV. 11/12/99

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

Authorized Representative Information

a. Typed Name of Authorized Representative

Lisa Riggs

b. Title

Treasurer, CSPA

c. Tel. #: (310) 830-7111

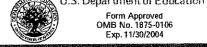
Fax #: (310) 518-7007

d. E-Mail Address: lriggs39@hotmail.com

e, Signature of Authorized Representative

ED 424

Application for F deral Education Assistance (ED 424) Applicant Information



Name and Address Home	Start, Inc.	<u>-180 diserve div. 20</u>	ere modell 14 of Americans	1	Organizational U	nit		
Legal Name: 110116 Address: 5005 Texa		te 203		P			7	
San Di	-	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CA	San_D	iego -	92108 -	:
City		1 1		State	_		IP Code + 4	
2. Applicant's D-U-N-S Nur	mber			6. Novice Appli	icant X Yes	L No		
3. Applicant's T-I-N 9 4. Catalog of Federal Domes TitlMentoring Pro	tic Assistance #: 8	2 6 8	4 B	(If "Yes," at	tach an explanat	any Federal debt? tion.) ropriate letter in th	Ī	
Address: 5005 Tex San Diego City (619) 692-0	CA State 0727 Fax #:	92 ZIP (619) 6	108 Code + 4 92-0785	A State B Local C Special D Indian Tri E Individua F Independ District	District I I I I I I I I I I I I I I I I I I I	Public College or U Private, Non-Profit Non-Profit Organiz Private, Profit-Mak Other (Specify):	College or University ation	
E-Mail Address: <u>Cgros</u>								
Application Inf	ormation			12 Arganyross	arch activities im	olyina human suhie	cts planned at any time	— Landy
9. Type of Submission:	Aliantian			*	roposed project p		ots prentice deany time	Andrew An
—PreApplication Construction	—Application Construction			Yes (G	o to 12a.)	No (Go to item 13	s.)	
Non-Constructio					ill the research ac the regulations?	tivities proposed de	signated to be exempt	es e a a fundamentalment de la constitución de la c
10. Is application subject to re				Yes (Provide Exempti	on(s) #):		end-control of the control of the co
	available to the Exec review): <u>July l</u>			No (Provide Assuranc	ce #):	Wile Co.	
	heck appropriate box		_		Title of Applicant			g common comity.
	not covered by E.O. 1:			Mentori	ing Progra	m for Girls	200 - 100 -	YEV
<u> </u>	as not been selected by		riew.				The state of the s	2002
11. Proposed Project Dates:	Start Date: 10/01/02	End 09/30	Date: 0/05	,	LAND 277		STATE OLGAPIE	G HOUSE
Estimated Fund	ng 💮	13/3/01/6	Authori.	zed Repre	esentative	Informati	on (
14a. Federal \$	182,557	.00	correct. The	e document has be	en duly authorize	in this preapplication d by the governing bo surances if the assista	application are true and addy of the applicant and	
b. Applicant \$	-0-	.00				int name clearly.)	HICE IS BUILDING	1
c. State \$	-0-	.00	LAU.	RA S. S	SPIEGE	<u></u>	tomore to the second second second second second second second second second second second second second second	
d. Local \$.00	CE	0			The state of the s	· Landania de Caración
e. Other \$	O	.00	c. Tel.#: 6/4	7.692.01	127	Fax #: 619.69	2-0785 -stact. org	
f. Program Income \$.00	d. E-Mail Add	[[]	L-Spie.	gere nome	-> yaca. erg	The state of the s
a TOTAL \$	182,557	0.00	e Signature	of Authorized F	Representative	f	Date: 7-1-02	



U.S. Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information	24)				
1. Name and Address	Organizational Unit				
Legal Name: The David & Margaret Home, Inc.					
Address: 1350 Third Street					
La Verne	CA Los Angeles 91750 - 5299				
City	State County ZIP Code + 4				
2. Applicant's D-U-N-S Number 0 7 6 2 4 3 5 3	6. Novice Applicant Yes No				
3. Applicant's T-I-N 9 5 - 1 6 6 0 3 4 6	7. Is the applicant delinquent on any Federal debt? Yes Vo				
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4	B (If "Yes," attach an explanation.)				
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.) $oxed{I}$				
5. Project Director: Brandy Tovar	A State G Public College or University				
Address: 1350 Third Street	B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization				
<u>La Verne</u> <u>CA</u> 91750 - 5	299				
Oity	E Individual K Other (Specify):				
Tel. #: (909) 596-5921 Fax #: (909) 596-7583	F Independent School				
E-Mail Address: _tovarb@dmhome.org	District				
Application Information 9. Type of Submission:	12. Are any research activities involving human subjects planned at any time				
—PreApplication —Application	during the proposed project period?				
Construction Construction	Yes (Go to 12a.) No (Go to item 13.)				
Non-Construction Non-Construction					
	12a. Are all the research activities proposed designated to be exemp				
10. Is application subject to review by Executive Order 12372 process?	from the regulations?				
Yes (Date made available to the Executive Order 1237)	Yes (Provide Exemption(s) #):				
process for review): 7/2/2002	No (Provide Assurance #):				
	13. Descriptive Title of Applicant's Project:				
No (If "No," check appropriate box below.)	The Mentor Program				
Program is not covered by E.O. 12372.					
Program has not been selected by State for review.	JUL - 5 2002				
Start Date: End Date:	1 1				
1. Proposed Project Dates: 11/1/2002 10/31/200	05 STATE CLEAFING HO				
Estimated Funding Aut	thorized Representative Information				
15. To	the best of my knowledge and belief, all data in this preapplication/application are true and				
439,908.00 cor	rrect. The document has been duly authorized by the governing body of the applicant and e applicant will comply with the attached assurances if the assistance is awarded.				
	applicant will comply with the attached assurances it the assistance is awarded. Ithorized Representative (Please type or print name clearly.)				
	harles C. Rich, LCSW				
c. State \$.00 CI	ita				
d. Local \$.00	Executive Director				
o Other \$ 00 c. Tel	I. #: (909) 596-5921 Fax #: (909) 596-7583				
e. Outci	The PT				
f. Program Income \$.00	Mail Address: richc@dmhome.org				
1 0	hauls c. Iaidh				
g. TOTAL \$ 459,908.00 e. Sig	gnature of Authorized Representative Date: 7/2/2002				



J.S. Department of Education

Applicant Information			Organizational Unit				
 Name and Address Legal Name: <u>Mt. Diablo Unified School Distri</u> 	ct		N	Mt. Diablo High School			
Address: 1936 Carlotta Drive			-	mayor.			
Concord City		<u>CA</u> State	Contra C	Costa	94519 - 1397 ZIP Code + 4		
2. Applicant's D-U-N-S Number 0 8 6	1 6 5 7 6	6. Novi	ice Applicant	✓YesNo			
3. Applicant's T-I-N 6 8 - 0 9 1	1157	7. Is the	e applicant de		ederal debt?YesNo		
4. Catalog of Federal Domestic Assistance #: 84.	1 8 4 B						
Title: Safe and Drug Free Schools Mentori	ng Programs	8. Type	e of Applicant	(Enter appropria	te letter in the box.) $ \underline{F} $		
5. Project Director: Sue Midar Address: Mt. Diablo High School, 2450 Gr	ant Street	B C D E	- State - Local - Special Distri - Indian Tribe - Individual	G - Public Col ct H - Private, No I - Non-profit (J - Private, Pro	fit-Making Organization		
Concord CA City State Tel. #: (925) 672 - 4840 Fax #: (92 E-Mail Address: midars@mdusd.k12.ca.us	Zip code + 4 5) 673 - 9723	K	- Other (Specif	ŷ):	JUL - 5 2002		
Application Information 9. Type of Submission: -PreApplication -Application Construction Construction Non-Construction Von-Construction 10. Is application subject to review by Executive Yes (Date made available to the Exert process for review): 07 / 02 /	Order 12372 process? cutive Order 12372	ar 	ny time during Yes (Go to 2a. Are all th exempt f Yes (Provi	g the proposed pro 12a.) No (e research activition from the regulation de Exemption(s) #	Go to item 13.) es proposed designated to be		
No (If "No," check appropriate box bProgram is not covered byProgram has not been selected.	E.O. 12372.	13. De	escriptive Title	of Applicant's Pr	roject:		
11. Proposed Project Dates: 10 / 01 / 2002 Start Date:	09 / 30 / 2005 End Date:	.	Success Takir	ig Over Mentoring	<u>z Program (STOMP)</u>		
Estimated Funding	Authorized Repre				ication/application are true		
14a. Federal \$ 197,669. 00	and correct. The de	ocument has	been duly aut	horized by the gov	verning body of the applicant		
b. Applicant \$42,404 00					ne assistance is awarded.		
c. State \$00	a. Authorized Represen	tative (Pleas	e type or prin	t name clearly.)			
d. Local \$00	Gary McHenry		*******				
e. Other \$00	b. Title: Superinter						
f. Program Income \$00	c. Tel. #: (925) 6				9 - 1649		
g. TOTAL \$ 240,073. 00	d. E-Mail Address: e. Signature of Author		@mdusd.k12.eentative	ca.us	Date: 7 / 1 /		



U.S. Department of Education

pplicant Information				Organizational Unit			
Name and Address Legal Name: Quail Valley Hea	lthy Communit	ies					
Project LIFT Address: 29210 Goetz Rd.							
,							
Quail Valley		CA	Riversi	de	92587		
City		State	County		ZIP Code + 4		
Applicant's D-U-N-S Number 1112	5 2 1 8 1 5	6. No	vice Applicant X	Yes	No		
Applicant's T-I-N 3 3 - 0 7 4 2 9 9 6			he applicant delind "Yes," attach an e		ny Federal debt?Yes XNo		
Catalog of Federal Domestic Assistance #: 84	.1 8 4 B	(0)	163, anden an e	минино	<i>,</i>		
Title: Mentoring Programs		8. Ty	ne of Applicant (E	nter appro	ppriate letter in the box.) $ \mathbf{I} $		
Project Director: Rita J. Peter Address: 29210 Goetz Rd.	S) (A - State B - Local C - Special District D - Indian Tribe E - Individual	G - Public H - Privat I - Non-p	endent School District c College or University e, Non-profit College or University rofit Organization c, Profit-Making Organization		
	92587	1	(- Other (Specify):		e, Profit-Making Organization		
Quail Valley CA 92587 City State Zincode + 4 Tel. #: (909)246-2894 Fax #: (909)246-9579				TOTAL CONTROL OF THE STATE OF T	JUL - 5 2002		
-Mail Address: qvhcprojectlif					**************************************		
	J				STATE CLEARING HOUSE		
pplication Information Type of Submission: -PreApplication -Application Construction Construction Non-Construction Non-Construction Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process for review):		: - 1	ny time during the Yes (Go to 12a 2a. Are all the re- exempt from	e proposed a.) XX N search acti the regula	olving human subjects planned at project period? do (Go to item 13.) divities proposed designated to be ations? (s) #):		
No (If "No," check appropriate box to X Program is not covered by Program has not been sele	pelow.) E.O. 12372.	13. D	escriptive Title of	Applicant	-		
Proposed Project Dates: 9 1 /02	•	<u> </u>	Through Mentoring				
Start Date:	End Date:			···			
stimated Funding	Authorized Repres			n this prea	pplication/application are true		
a. Federal \$ 329,047 .00	_	-			governing body of the applicant		
a. Federal \$\frac{329,047}{71,700}.00	and the applicant w	ill comply	vith the attached a	ssurances	if the assistance is awarded.		
State \$00 Local \$06400	a. Authorized Represent	•	e type or print nar	ne clearly	.)		
Other \$ 5,375 .00	b. Title: Ex	k ecuti	ve Directo	or			
Other \$ 5.375 .00 ogram Income \$.00	c. Tel. #: (909) 240 d. E-Mail Address: QV	289	Fax #: (909 , 2	246-9579		
	d, E-Mail Address: QV	noproj	ectlift@ya	ahoo.	com		
TOTAL \$_423,18600	e. Signature of Authori			<u> </u>			
-	(a)+	OH	Yall	x	Poto: / /		

OFFICE Application for Federal [B U.S. Department of Education Education Assistance (斯克 Form Approved OMB No. 1875-0106 Exp. 11/30/2004 Applicant Information Organizational Unit 1. Name and Address
Lagel Name. Young Men's Christage Legal Name: Anaheim 240 South Euclid Street Address: Anaheim CA Orange 92802 1047 State City County ZIP Code + 4 2. Applicant's D-U-N-S Number [0 | 3 | 0 | 5 | 8 | 4 | 2 | 4 | 7 | 6. Novice Applicant X Yes No 3. Applicant's T-I-N 95-17709299 7. Is the applicant delinquent on any Federal debt? Yes X No (If "Yes," attach an explanation.) 4. Catalog of Federal Domestic Assistance #: 84.1 | 8 | 4 | B | Title: Mentoring Programs 8. Type of Applicant (Enter appropriate letter in the box.) | I | A - State F - Independent School District B - Local G - Public College or University 5. Project Director: Melissa Gonzales-Runcie C - Special District H - Private, Non-profit College or University D - Indian Tribe I - Non-profit Organization Address: 240 South Euclid Street E - Individuel J - Private, Profit-Making Organization 1047 92802 K - Other (Specify): Anaheim City State Zip code + 4 Tel. #: (714) 635 - 9622 Fax #: (714) 635 -8151 E-Mail Address: mruncie@anaheimymca.org **Application Information** 9. Type of Submission: 12. Are any research activities involving human subjects planned at -PreApplication -Application any time during the proposed project period? Construction Construction Yes (Go to 12a.) X No (Go to item 13.) Non-Construction X Non-Construction 12a. Are all the research activities proposed designated to be 10. Is application subject to review by Executive Order 12372 process? exempt from the regulations? X Yes (Date made available to the Executive Order 12372 Yes (Provide Exemption(s) #): __ process for review): 07/02/02 ____No (Provide Assurance #): No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. 13. Descriptive Title of Applicant's Project Anaheim Achieves Program has not been selected by State for review. Mentor Program: Using trained mentors to provide academic, social, and career de-11. Proposed Project Dates: 10/1 / 02 09/30/05 velopment support to 200-225 primarily Start Date: End Date: Hispanic "greatest need" 4th-12th grader Estimated Funding Authorized Representative Information 15. To the best of my knowledge and belief, all data in this preapplication/application are true \$ 600,000 .00 14a. Federal and correct. The document has been duly authorized by the governing body of the applicant b. Applicant and the applicant will comply with the attached assurances if the assistance is awarded. c. State a. Authorized Representative (Please type or print name clearly.) Paul Andresen d. Local b. Title: Chief Executive Officer e. Other \$ ______ 00 c. Tel. #: (714 635 - 9622 Fax #: (714) 635 - 8151 f. Program Income \$ ______.00 d. E-Mail Address: pandresen@anaheimymca.org g. TOTAL e. Signature of Authorized Representative 5 600,000 -- 00 andresen Date 07/1 02

					Ī	DEGEOVED		
APPLICATION FEDERAL AS		· F	2. DATE SUBMITTED		Applicant Identifie	JUL - 3 2002		
TYPE OF SUBMISSION Application	ON	plication	3. DATE RECEIVED B	Y STATE	State Applicant Iden			
☐ Construction K Non-Construction		nstruction n-Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY	Federal Identifier	STATE CLEARING HOUSE		
APPLICANT INFORMATI			BMITTED TO ANOTHER	EEDERAL AGENCY2	<u> </u>			
Legal Name: Regents of the				REPERAL AGENCY? ☐ YES ☐ NO IF YES, LIST ACRONYM(S) Organizational Unit: University of California, Riverside				
Address (give city, county, state, and zip code): University of California, Riverside				Name and telephone this application (give	and E-mail number of	the person to be contacted on matters involving		
Department of Chemical and Environmental Engineering Riverside, CA 92521						mez, 909-787-5535, Ruben.Gomez@ucr.edu		
6. EMPLOYER IDENTIFICA	TION NUMBER (E	in):		7. TYPE OF APPLICA!	IT: (enter appropriate le	tter in box)		
9 5		0 0 6 1	4 2	A. State B. County	H. Independ	lent School Dist. ntrolled Institution of Higher Learning		
8. TYPE OF APPLICAT	ION:	***************************************		C. Municipal	J. Private U	Iniversity		
	⊠ New	☐ Continuation	☐ Revision	D. Township E. Interstate	K. Indian TrL. Individua	1		
				F. Intermunicipa		ganization		
If Revision, enter approp	, .			G. Special Distri	ct N. Other (S	Specify)		
A. Increase Award D. Decrease Duration			crease Duration	s, NAME OF FEDERAL	AGENCY:			
D. Doctore Datation	, 011,01 (0)							
				U.S. E	nvironmental Prote	ection Agency - ORD - NCER		
10. CATALOG OF FEDERA ASSISTANCE NUMBER		6 6	. 5 0 0	11. DESCRIPTIVE TITE	LE OF APPLICANT'S PRO	DJECT:		
TITLE: 2002-STAR	!- L1			Nanostructured I	Membranes for Prote	on Exchange Membrane Fuel Cells		
12. AREAS AFFECTED BY	PROJECT (cities	, counties, states, etc):					
US								
								
13. PROPOSED PROJECT	`}	14. CONGRESSION	IAL DISTRICTS OF:					
Start Date	Ending Date	a. Applicant			b. Project			
	2/31/05	43rd			US			
a. Federal			 			ORDER 12372 PROCESS? 1ADE AVAILABLE TO THE		
b. Applicant	\$ 372,06		S [*]	TATE EXECUTIVE OR				
	\$		DA'	TE -	6/28/02			
c. State	\$		b. NO. Х	PROGRAM IS NOT CO	OVERED BY E.O. 1237	72		
d. Local	\$			OR PROGRAM HAS N	NOT BEEN SELECTED	BY STATE FOR REVIEW		
e. Other	s		00					
f. Program Income	\$		——————————————————————————————————————	CANT DELINQUENT ON A		□ N-		
g. TOTAL	\$ 372,064	*	00 Yes	If "Yes," attach an ex	·	☑ No		
AUTHORIZED BY THE GOV	VERNING BODY O	F THE APPLICANT AN		L COMPLY WITH THE AT		DOCUMENT HAS BEEN DULY F THE ASSISTANCE IS AWARDED.		
a. Typed Name of Author Ruben B. Gomez				b, Title Principle Contract	and Grant Analyst	c. Telephone number 909-787-5535		
d. Signature of Authorize	Representativ	\sim 1	Pinen			e. Date Signed 6/78/02		
Previous Editions Not U		10.00	J VYUL			Standard Form 424 (REV 4-88)		

Prescribed by OMB Circular A-102

Authorized for Local Reproduction

Application for Federal Education Assistance (ED 424) Applicant Information



U.S. Department of Education

Legal Name: Tehama County Department of Education Address: 1135 Lincoln St P.O. Box 689 Red Bluff City CA Tehama 96080 ZIP Code + 2. Applicant's D-U-N-S Number 8 2 6 1 9 8 4 8 3 3. Applicant's T-I-N 9 4 - 2 1 5 2 8 4 2 4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title: Mentoring Programs 8. Type of Applicant (Enter appropriate letter in the box.)	- 0689 4
P.O. Box 689 Red Bluff City City CA Tehama 96080 ZIP Code + 2. Applicant's D-U-N-S Number 8 2 6 1 9 8 4 8 3 3. Applicant's T-I-N 9 4 - 2 1 5 2 8 4 2 4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title: Mentoring Programs Title: Mentoring Programs 8. Type of Applicant (Enter appropriate letter in the box.)	
Red Bluff City 2. Applicant's D-U-N-S Number 8 2 6 1 9 8 4 8 3 3. Applicant's T-I-N 9 4 - 2 1 5 2 8 4 2 4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title: Mentoring Programs CA Tehama 96080 ZiP Code + 6. Novice Applicant 7. Is the applicant delinquent on any Federal debt? Yes (If "Yes," attach an explanation.) 8. Type of Applicant (Enter appropriate letter in the box.)	
City 2. Applicant's D-U-N-S Number 8 2 6 1 9 8 4 8 3 3. Applicant's T-I-N 9 4 - 2 1 5 2 8 4 2 4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title: Mentoring Programs State County 7. Is the applicant delinquent on any Federal debt? Yes (If "Yes," attach an explanation.) 8. Type of Applicant (Enter appropriate letter in the box.)	
2. Applicant's D-U-N-S Number 8 2 6 1 9 8 4 8 3 3. Applicant's T-I-N 9 4 - 2 1 5 2 8 4 2 4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title: Mentoring Programs 7. Is the applicant delinquent on any Federal debt? Yes (If "Yes," attach an explanation.) 8. Type of Applicant (Enter appropriate letter in the box.)	4
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title: Mentoring Programs 8. Type of Applicant (Enter appropriate letter in the box.)	Ī
8. Type of Applicant (Enter appropriate letter in the box.)	₽ No
	K
5. Project Director: Amy Schutter, CHES Address: 1135 Lincoln Street Red Bluff City City Tel. #: (530) 527-5811 Fax #: (530) 529-4120 E-Mail Address: aschutte@tcde.tehama.k12.ca.us A State G Public College or University B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization D Indian Tribe E Individual F Independent School District C Ounty Office of Education District	ation
Application Information	. ,
9. Type of Submission: PreApplicationApplicationApplication	be exempt
Authorized Representative Information Authorized Representative Information 14a. Federal \$ 166,199.00 15. To the best of my knowledge and belief, all data in this preapplication/application correct. The document has been duly authorized by the governing body of the agency.	are true and
b. Applicant \$ 80,750.00 correct. The document has been duty authorized by the governing sody of the applicant will comply with the attached assurances if the assistance is awar a. Authorized Representative (Please type or print name clearly.)	ded.
c. State \$.00 Robert E. Douglas	
d. Local \$.00 b. Title County Superintendent of Schools	
e. Other \$.00 c. Tel. #: (530) 527-5811 Fax #: (530) 529-4120	
f. Program Income \$.00 d. E-Mail Address: rdouglas@tcde.tehama.k12.ca.us	7-02
g. TOTAL \$ 246,949.00 e. Signature of Authorized Representative Date:	

U.S. Department of Education Application for . Form Approved OMB No. 1875-0106 Education Assistant Exp. 11/30/2004 Applicant Information roanizational Unit 1. Name and Address Legal Name: Jefferson Union High School District STATE CLEARING HOUSE **D**ALY CITY YOUTH HEALTH CENTER 699 Serramonte Blvd. Suite 100 94015 CA San Mateo Daly City ZIP Code + 4 State County 0 7 8 ✓ Yes 2. Applicant's D-U-N-S Number 6. Novice Applicant 3. Applicant's T-I-N 9 4 - 3 0 7. Is the applicant delinquent on any Federal debt? (If "Yes," attach an explanation.) 4. Catalog of Federal Domestic Assistance #:: 8 Title: Mentoring Programs 8. Type of Applicant (Enter appropriate letter in the box.) 5. Project Director: Barbara Raboy G Public College or University A State H Private, Non-Profit College or University Address: 2780 Junipero Serra Blvd. B Local C Special District Non-Profit Organization Daly City 94015 - 1634 Private, Profit-Making Organization D Indian Tribe ZIP Code + 4 City Individual K Other (Specify): Fax #: (650) 991-7498 Tel. #: (650) 991-2240 Independent School District E-Mail Address: barblraboy@aol.com Application Information 12. Are any research activities involving human subjects planned at any time 9. Type of Submission: during the proposed project period? -PreApplication ---Application Construction Construction Yes (Go to 12a.) No (Go to item 13.) Non-Construction Non-Construction 12a. Are all the research activities proposed designated to be exempt from the regulations? 10. Is application subject to review by Executive Order 12372 process? Yes (Provide Exemption(s) #): Yes (Date made available to the Executive Order 12372 No (Provide Assurance #): process for review): 7/2/2002 13. Descriptive Title of Applicant's Project: No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. MENTORING CONNECTIONS Program has not been selected by State for review. Start Date: End Date: 10/1/2002 9/30/2005 11. Proposed Project Dates: 狂stimated Funding Authorized Representative Information 15. To the best of my knowledge and belief, all data in this preapplication/application are true and 200,000.00 14a. Federal correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. b. Applicant \$.00 Authorized Representative (Please type or print name clearly.) Michael J. Crilly \$.00 c. State b. Title Superintendent, Jefferson Union High School District .00 d. Local (650) 550-7960 (650) 550-7888 c. Tel.#: .00 e. Other d. E-Mall Address: mcrilly@juhsd.k12.ca.us f. Program Income .00 6-27-02 200,000.00 g. TOTAL



U.S. Department of Education

I. Name and Address		Organizational Unit					
Legal Name: Oakland Asian Studer	ıts Educational	Servic	es (OASES)				
Address: 196 Tenth Street							
Oakland		CA	Alameda	94607 . 4839			
City		State	County	94607 <u>4839</u> ZIP Code + 4			
2. Applicant's D-U-N-S Number 1 1 2 1	44675	6. No	vice Applicant	X YesNo			
3. Applicant's T-I-N 9 4 - 3 1 4 5	9 9 7	7. Is t	7. Is the applicant delinquent on any Federal debt?Yes X No				
4. Catalog of Federal Domestic Assistance #: 84.	1 8 4 B	(If "Yes," attach an explanation.)					
Title: OASES Youth Programs		8. Type of Applicant (Enter appropriate letter in the box.)					
5. Project Director: Perry Chen		(A - State B - Local C - Special District	F - Independent School District G - Public College or University H - Private, Non-profit College or University			
Address: 196 Tenth Street) - Indian Tribe E - Individual	I - Non-profit Organization J - Private, Profit-Making Organization			
Oakland CA	94607-4839	k	C - Other (Specify):				
City State Tel. #: (510) 891 - 9928 Fax #: (51	Zip code + 4			DEGEDVE I			
E-Mail Address: perry@oases.org	0)						
				JUL - 3 2002 L			
Application Information 9. Type of Submission:							
-PreApplication -Application		12. Are any research activities involving human subjects planned any time during the proposed project periods (1100 1100 200). Yes (Go to 12a.) X No (Go to item 13.)					
Construction Construction X Non-Construction X Non-Construction	ation.						
wall.file.		1:	2a. Are all the re	search activities proposed designated to be			
 Is application subject to review by Executive C Yes (Date made available to the Execution) 	order 12372 process?	exempt from the regulations?					
process for review): 6 / 26 / 26	002		res (Provide i	Exemption(s) #);			
No (If "No," check appropriate box below	ow)	No (Provide Assurance #):					
Program is not covered by E. Program has not been selected	O. 12372	13. De	13. Descriptive Title of Applicant's Project:				
1. Proposed Project Dates: 9 / 4 / 2003		OASES Youth Programs: Empowering Youth					
Start Date:	End Date:	to	Maximize T	neir Potential			
Estimated Funding	Authorized Represe 5. To the best of my kno	entative I	nformation	n this preapplication/application are true			
4a. Federal \$ 84,000 .00				zed by the governing body of the applicant			
. Applicant \$0				ssurances if the assistance is awarded.			
State \$ 84,000 .00 a	. Authorized Representa						
Local \$ 75,000 .00							
Other \$ 40,000 b	.Title: <u>Executive</u>						
6				510) <u>891 - 9418</u>			
	E-Mail Address: De						
TOTAL \$ 283,000 .00 e.	Signature of Authorize	ed Represe	ntative				
	Dunc	Trun		2 (12) 22			

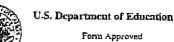
OMB Approval No. 0348-0043

APPLICATION FOR				Applicant Identifier	1	
FEDERAL ASSISTAN	NCE	2. DATE SUBMITTED 3/22/02		Applicant Identiner		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier		
<u>Ap</u> plication	Preapplication					
Construction	Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
Non-Construction 5. APPLICANT INFORMATION	L Non-Construction	<u> </u>				
Legal Name:			Organizational Unit:			
Proteus, Inc. Address (give city, county, State,	and tip code):		Name and telephone (number of person to be contacted	on matters involving	
1830 N. Dinuba				rea code) Mike Bowen,		
Visalia, CA 932			(559) 733-			
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	NT: (enter appropriate letter in bo	x)	
94-2184			.	11. to do a mide at Cottonal Dint	N	
8. TYPE OF APPLICATION:			A. State B. County	H. Independent School Dist. I. State Controlled Institution of H	ligher Learning	
R TYPE OF APPLICATION:	Continuation	Revision	G. Municipal	J. Private University		
			D. Township	K. Indian Tribe L. Individual		
If Revision, enter appropriate letter(s) in box(es)			E. Interstate F. Intermunicipal	M. Profit Organization		
A. Increase Award B. Decrease Award C. Increase Duration			G. Special District	N. Other (Specify) Nonpro	fit	
D. Decrease Duration Other(specify):		O NAME OF FEDER	Organi ALAGENCY: Office o		
			1	ustice and Delin		
			Prevention			
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TO	TLE OF APPLICANT'S PROJECT	T:	
Juvenile Mento	ring Program	16 - 726	TIIMP +o	Success in Corco	ran	
TITLE:				e mentoring prog		
12. AREAS AFFECTED BY PRO		ates, etc.):	1	n, California)		
Kings County,	California		0010010	,		
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:	G	nal District (Doc	1011)	
Start Date Ending Date	a. Applicant	ZUEN	b. Project	nal District (Duc	<u> , , , , , , , , , , , , , , , , , , ,</u>	
10/1/02 9/30/05	1 ''	Inc.	Juvenile	mentoring progra	n	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
	\$ 00/ 0//	D \$	ORDER 12372 PI	ROCESSY		
a. Federal	204,945		a. YES. THIS PRE	APPLICATION/APPLICATION W/	AS MADE	
b. Applicant	\$.00		E TO THE STATE EXECUTIVE O FOR REVIEW ON:	HDER 12372	
c. State		,as	7			
			DATE _3	3/22/02		
d. Local	\$		J b. No. ☐ PROGR	AM IS NOT COVERED BY E.O.	12372	
e. Other	\$.00		GRAM HAS NOT BEEN SELECT	ED BY STATE	
	•	00	FOR RE	AtEAA		
f. Program income	\$	•	17. IS THE APPLICA	NT DELINQUENT ON ANY FED	ERAL DEBT?	
g. TOTAL	\$ 204,94	, os 5	Yes if "Yes,"	attach an explanation.	X No	
18. TO THE BEST OF MY KNO	WI EDGE AND BELIEF. A	LL DATA IN THIS APPLI	CATION/PREAPPLICA	TION ARE TRUE AND CORREC	T, THE	
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE G	OVERNING BODY OF T	HE APPLICANT AND T	THE APPLICANT WILL COMPLY	WITH THE	
ATTACHED ASSURANCES IF a. Type Name of Authorized Re		b. Title		c. Telephone Number		
Michael E McC	ann 🔿		tive(Office	r (559) 733-5423	3	
d. Signature of Authorized Repr	ecentative Nu 4	7		e. Date Signed 3/14/0		
Previous Edition Usable	The Constitution of the Co	5		Standard Form 424 (
Authorized for Local Reproducti	ion			U V Prescribed by DMB (Circular A-102	
			<u> </u>			
				- 3 2002 【 旦 】		
At Land Control of the Control of th	- Yes		UU VVL	9 603/6 [-/		
		-			1	
			STATE CLEA	RING HOUSE		
			OINIL OLL	MINIA HOUGE		

U.S. Department of Education

 Name and A 	nformation ddress Friends of A	lameda County C	ASA I	inc.	 A1	ameda County
Legal Name	2017 7	nal Blvd. Suite	500		Čc	ourt Appointed Special Advocate
Address [*] _		4601-1569	······································			
	Oakland		CA.	Alameda State County		94601 - 1569 ZIP Code + 4
C	ity	TBD				N - N-
2. Applicant's	D-U-N-S Number			6. Novice Applica	25	
	T-I-N 9 4 - 3 3 (7. Is the applicant (If "Yes," attac	delinqu h an ex	nent on any Federal debt?Yes X_No planation.)
4. Catalog of l	Federal Domestic Assistance	#: 84. 1 8 4 E	<u>-</u>			τ.
Title: <u>Me</u> r	ntoring Programs.	ور المستخدم المراجع ال	·····	8. Type of Applic	ant (En	ter appropriate letter in the box.) $\lfloor \frac{1}{2} \rfloor$
				A - State B - Local		F - Independent School District G - Public College or University
r Designt Dir	ector: Arnold Chave	,		C - Special D)istrict	H - Private, Non-profit College or Univer-
	2647 Internation			sity D - Indian Tr		I - Non-profit Organization J - Private, Profit-Making Organization
Address:	Oakland, CA 946			E - Individua		
City	10) 434 -2501 Fa	State Zip code + 4	470_	K - Other (Sp	pecify): _	
	dress: ARChavez@co.					
E-Mail Ac	Idress: ARGHAVESECO:					
9. Type of St -PreApp	olication -Applica	struction		any time di	oring the	tivities involving human subjects planned at e proposed project period? a.) No (Go to item 13.)
No	n-Construction X Non	-Construction	cess?		und from	esearch activities proposed designated to be not regulations?
Ye. 1s applied	e i Daie made available to th	ie Executive Order 12572	?			Exemption(s) #):
	process for review):			No (Pr	rovide A	Assurance #):
No	(If "No," check appropria	ered by E.O. 14074	-orient			f Applicant's Project:
	Program has not b	cen selected by State for	review.			ng and Advocacy for Group Home
11. Propose	d Project Dates: 1 / 01/ Start Da	03 12/31/0 te: End Date		_ Foster (Care	Children
Estimate	d Funding	15 To the bes	t of my	esentative Inform knowledge and belief,	all data	in this preapplication/application are true
مدرات المارية	s 576,486	on and correc	ct. The o	document has been dul	y autho	rized by the governing body of the applicant
14a. Federa b. Applican	005 010		plicant	will comply with the	attached	assurances if the assistance is awarded.
c. State	\$		Represe	entative (Please type or	r print r	name clearly.)
d. Local	\$.00 <u>A</u>	rnold	Chavez::		
c. Other	\$.00 b. Title: P	rogra	m Director		
	Income \$	00 a Tal # (= 1	0) 43	2.4 - 2501	Fax#	:(510-)_4342470 eda.ca.us
g. TOTAL	s 781,526			orized Representative		Date: 7,2,02





	'
Form Approved OMB No. 1875-0106	
Exp. 11/30/2004	

1. Name and Address	<u>antiera andre esta l'anno a marchine a l'inceptant de l'anno a l'anno a l'anno a l'anno a l'anno a l'anno a l</u>	Cale V dales 1	MI PM A PMERSON	Organiz	ational Unit		
Legal Name: San Die	ego State Univer	sity Foundation	<u> </u>	HOUGE			····
Address: 5250 C	ampanile Drive				····		
San Die	ego		CA	San Dieg	0	92182	- 1931
City			State	County		· ZIP Code + 4	***************************************
2. Applicant's D-U-N-S Number	0 7 3 3 7	1 3 4 6	6. Novice	Applicant	Yes	⊠ No	Lej
3. Applicant's T-I-N 9 5	- 6 0 4 2	7 2 1	7. Is the ar	oplicant deling	uent on any Fe	deral debt? Yes	⊠ No
4. Catalog of Federal Domestic A	ssistance # 8 4	1 8 4 B	8. Type of	Applicant (En	ter appropriate	: letter in the box)	
Title: Mentoring P	rograms		A State	E	G Public C	ollege or University	L
			B Loca	al	H Private.	Non-profit College or Ut	niversity
5. Project Director: lan F	umpian		C Spe	cial District	I Non-prof	at Organization	
Address: 4283 El Caj	on Boulevard		—— D Indi:	an Tribe	J Private, P	rofit-Making Organizati	on
San Diego	CA	92105	E Indiv	vídual	K Other (S)	ecify):	
City	State	ZIP Code + 4	F Inde	pendent Schoo	l	•	
Tel#: (619) 594-	1950 Fax #: (i	519) 594-8810	Distr	rict			
E-Mail Address: ipum	pian@mail.sdsu.e	edu					
Application Information							7.3 garage 1
9. Type of Submission:			12. Are any re	search activiti	es involving h	uman subjects planned a	any time
— PreApplication	—Applicatio	n		e proposed pro			•
Construction	Consi	ruction		(Go to 12a)		(Go to item 13)	
Non-Construction	⊠ Non-	Construction		all the researe regulations?	h activities pro	posed desingated to be e	xempt from
10. Is application subject to re	view by Executive Orde	r 12372 process?		-	xemption(s)#	·):	
Xes (Date made available	to the Executive Order 12.	372		No (Provide A	surance #, if s	vailable:	45
process for review);	7/2/02						
No (If "No", check approp	oriase box below.)		13. Descripti	ive Title of Ap	plicant's Proje	CE:	***************************************
Program is not cov	ercd by E.O. 12372.		Project F	Protegé: .	A City Hei	ghts Mentoring	Initiative
		_		_	,	•	
*******	en selected by State for re-	riew.					
*******	en selected by State for re-	riew.					
*******	en selected by State for re	End Date:					
Manager							
Program has not be	Start Date:	End Date: 9/30/2005	ed Represent	tative Info	matian		7 (1)

Estimated Funding	en esperante de la composition de la composition de la composition de la composition de la composition de la c	er unterletig er fan de jaar it. Saakse was gewikking bese	<u></u>
14a. Federal	\$	199,311	.00.
b. Applicant	\$.00
c. State	\$.00
d. Local	\$	***************************************	.00
e. Other	\$.00.
f. Program Income	\$.00
g. TOTAL	\$	199,311	.00

15. To the best of my knowledge and belief, all data in this prea and correct. The document has been duly authorized by the gov the applicant will comply with the attached assurances if the ass	erning body of the applicant and
a. Authorized Representative (Please type or print name clearly	y.)
Skaidrite Krisans	
b. Title	
Associate Dean for Graduate and Research	ch Affairs
c. Tel #: (619)594-4162	Fax #: (619)594-0189
d. E-Mail Address: skrisans@sunstroke.sdsu.ed	du -
c. Signature of Authroized Representative	
c. Signature of Authroized Representative	Date:
	7/2/2002

A1:		
Application for Federa		U.S. Department of Education
Education Assistance (ED 424) E G E	Form Approved OMB No. 1875-0106 Exp. 11/30/2004
Applicant Information 1. Name and Address Legal Name: Big Brothers Big Sisters	of Butte County, Inc.	3 2002 Organizational Unit
Address: 1280 E. 9th Street, Suite C	STATE CLEA	RING HOUSE
<u>Chico</u> City	OIATION Charles	CA Butte 95928 - State County ZIP Code + 4
2. Applicant's D-U-N-S Number P E N	DING	6. Novice Applicant: X Yes No
3. Applicant's T-I-N 9 1 - 1 7 7 4 9	29	7. Is the applicant delinquent on any Federal debt? Yes X No
4. Catalog of Federal Domestic Assistance #:	84. <u>1 8 4 B </u>	(If "Yes," attach an explanation.)
Title: Safe and Drug-Free Schools and	l Communities -	8. Type of Applicant (Enter appropriate letter in the box.)
National Programs		A - State F - Independent School District
5. Project Director: JoAna Brooks		B - Local G - Public College or University C - Special District H - Private, Non-profit College or University D - Indian Tribe I - Non-profit Organization
Address: 1280 E. 9th Street, Suite C		E - Individual J - Private, Profit-Making Organization
Chico CA City - Tel. #: (530) 343-8407 Fax #: (530) E-Mail Address:	Zip code + 4) 343-3712	K - Other (Specify):
Application Information Type of Submission: -PreApplication -Application Construction Construction Non-Construction X Non-Cons		 12. Are any research activities involving human subjects planned a any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.)
0. Is application subject to review by Executive Yes (Date made available to the Executive process for review): 07 / 02 /	ve Order 12372 process? utive Order 12372	12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #):
No (If "No," check appropriate bo	or helma)	No (Provide Assurance #):
Program is not covered by Program has not been so	y E.O. 12372.	13. Descriptive Title of Applicant's Project:
1. Proposed Project Dates: 10/01/02		Butte County School Based Mentoring Program
Start Date:	09/30/05 End Date:	
Start Date:	End Date: Authorized Represer	
Start Date: Stimated Funding 4a. Federal S 591,841 .00	End Date: Authorized Represer 15. To the best of my known	ntative Information
Start Date: Stimated Funding 4a. Federal \$ 591,841 .00 Applicant \$ 00	End Date: Authorized Represer 15. To the best of my known and correct. The document will	ntative Information wledge and belief, all data in this preapplication/application are true ment has been duly authorized by the governing body of the applicant comply with the attached assurances if the assistance is awarded.
Start Date: Stimated Funding Ia. Federal \$ 591,841 .00 Applicant \$	End Date: Authorized Represer 15. To the best of my known and correct. The document and the applicant will a. Authorized Representation	ntative Information wledge and belief, all data in this preapplication/application are true ment has been duly authorized by the governing body of the applicant
Start Date: Start Date: Start Date: Stimated Funding Start Date: Stimated Funding Start Date: Star	End Date: Authorized Represer 15. To the best of my know and correct. The docu and the applicant will a. Authorized Representati JoAna Brooks	ntative Information whedge and belief, all data in this preapplication/application are true ment has been duly authorized by the governing body of the applicant comply with the attached assurances if the assistance is awarded, we (Please type or print name clearly.)
Start Date: Start Date:	End Date: Authorized Represer 15. To the best of my known and correct. The document will and the applicant will be a controlled Representation. JoAna Brooks b. Title: Executive Directions	ntative Information whedge and belief, all data in this preapplication/application are true ment has been duly authorized by the governing body of the applicant comply with the attached assurances if the assistance is awarded, we (Please type or print name clearly.)
Start Date: Estimated Funding	End Date: Authorized Represents. To the best of my known and correct. The document and the applicant will a. Authorized Representation Joana Brooks. b. Title: Executive Direct. Tel. #: (530) 343-	ntative Information whedge and belief, all data in this preapplication/application are true ment has been duly authorized by the governing body of the applicant comply with the attached assurances if the assistance is awarded, we (Please type or print name clearly.) exter 8607 Fax #: (530) 343 - 3712
Start Date: Estimated Funding 4a. Federal \$ 591,841 .00 a. Applicant \$	End Date: Authorized Represents. To the best of my know and correct. The document will a Authorized Representation JoAna Brooks. b. Title: Executive Direction. Tel. #: (530) 343 - d. E-Mail Address: joana e-Signature of Authorized.	ntative Information whedge and belief, all data in this preapplication/application are true ment has been duly authorized by the governing body of the applicant comply with the attached assurances if the assistance is awarded, we (Please type or print name clearly.) extor 8607 Fax #: (530) 343 - 3712 @bigbrothersister.org

1 KON BUTTL CU 3FC3 530 691 2963

M. 2

/ UZ ZUUZ J.UJAN

Application Education A Applicant Informa	ssistancelni	ED 424)	1 V E	U.S	5. Department of Educatio Form Approved OMB No. 1875-0106 Exp. 11/30/2004
Name and Address Legal Name; San Jose Unific Address: 855 Lenzen Ave		ATE CLEA	ARING HOU	Organizational Unit	
San Jose City			CA_ State	Santa Clara County	95126 - 2736
2. Applicant's D-U-N-S Number	0 6 9 1 2 5	5 1 3 6	6. Novice App		ZIP Code + 4
Applicant's T-I-N 9 4 - Catalog of Federal Domestic A: Title: Montoring Programs		6 8 4 B	(If "Yes," at	ant detinquent on any Federal (tach an explanation.)	1
5. Project Director: Karen Fuqu	la .		а. Туре от Арр А State	ficant (Enter appropriate lette	
Address: 855 Lenzen Ave. San Jose City Tel. #: (408) 535-6444		136 - 2736 ZIP Code + 4 5-2302	B Local C Special E D Indian Tr E Individua	District I Non-Profit C ibe I Private, Profi	-Profit College or University Organization it-Making Organization
E-Mail Address: _karen_fuqua			P independ District	464	
Application Inform	nation				
Construction Non-Construction 10. Is application subject to review Yes (Date made avail process for review	able to the Executive Or v): 7/1/2002		during the p Yes (Go 12a. Are a from t Yes (I	arch activities involving human reposed project period? It to 12a.) No (Go to lite in the research activities propose the regulations? Provide Exemption(s) #):	em 13.) sed designated to be exempt
Program is not co	appropriate box below.) evered by E.O. 12372. been selected by State for	review.	Future Vision	Fitle of Applicant's Project: ied School District's Mento	ring Program
11. Proposed Project Dates:		Ind Date: 3/31/2005			
Estimated Funding	The type of	Authori	zed Repre	sentative Inform	ation
14a. Federal \$	171,157.00	15. To the best	of my knowledge ar	nd belief, all data in this preapplica in duly authorized by the governi	ation/application are true and
b. Applicant \$	45,340.00	the applica	nt will comply with	the attached assurances if the a lease type or print name clearly	ssistance is awarded.
c. State \$.00	11	urray, Ph.D.	rease type or print name clear.	y.,
d. Locat \$.00	b. Title Sur	perintendent	The state of the s	
e. Other \$	90,000.00	c. Tel. #: (408) 535-6090	Fax #: (408) 535-6090
f. Program Income \$.00.	d. E-Mail Add	Pess: linda_mu	rray@sjusd.k12.ca.us	
g. TOTAL S	<u>306,497</u> .00	Signature	of Authorized Re	U Lunar presentative	Date: 7/1/2002

A pplicati E ducation	_	11 1	ED 424)	I V E		U.S.	Department of Education Form Approved OMB No. 1875-0106 Exp. 11/30/2004
Applicant Int		one and the second second			The state of the s		
Name and Address Legal Name: FRIEN	NDS FOR YOUTH	, INC	JUL -	}	Organizati	19-54-6000-000-000-00-00-00-00-00-00-00-00-00	and the paper.
· · · · · · · · · · · · · · · · · · ·	Broadway, First Flo		TECLEAG	ING HOI	ISF MEDION	ng Services	
		O I I	Patrick plant parts			VIIII 1900	
Redw City	vood City	Weeplathe "		CA State	San N County	viateo	94063 - 2403 ZIP Code + 4
2. Applicant's D-U-N-5	S Number 1 9	4 5 0 2	2 9 8 5		<u>, </u>	Yes No	
3. Applicant's T-I-N	9 4 - 2 9 6	1 0 3	4	7. Is the a	oplicant delinqu	ent on any Federal c	lebt? Yes No
4. Catalog of Federal De	L		8 4 B	(If "Yes	," attach an ex	planation.)	
Title: Department o	f Education Mentor	ring Progran	15	8. Type of	Applicant (Ente	er appropriate letter	in the box.)
5. Project Director: Ch	nrystine Smith_			A Stat	Ð	G Public Colleg	e or University
Address: 1741 Bro	oadway, First Floor			B Loc		•	Profit College or University
Redwood City City	CA State		063 <u>2403</u>	•	cial District an Tribe	Non-Profit O	rganization t-Making Organization
Tel. #; (650) 368-4		#: (650) 36			vidual ependent School	K Other (Special	y):
E-Mail Address: chr		***			strict		
Application 1							
				12 Arear	rocoorth activiti	loe lovolviba bumani	subjects planned at any time
 Type of Submission: —PreApplication 	-Applicati	nn .			the proposed pro	_	subjects plained at any time
Construction		truction		Пу	s (Go to 12a \	No (Go to ite	m 13)
Non-Constru		Construction					
					Are all the resear rorn the regulatio	, ,	ed designated to be exempt
10. Is application subject	-		•		res (Provide Exe		
	nade available to the for review); <u>7/2/20(</u>		der 12372	7-7	io (Provide Ass		
· · · · ·	" check appropriate		Mir olden ogge	13. Descrip	tive Title of Appl	icant's Project:	- Parallel Market But
F-3	m is not covered by E	•		FRIENDS	FOR YOUT!	H MENTORING	SERVICES
	m has not been selecte		review.				
3	Start Date:		nd Date:				
1. Proposed Project Date	10/1/2002	9	/30/2005				
stimated un	ding		Authori	zed Rej	oresentat	ive Informa	ntion
4a. Federal	s 14	3,480.00					tion/application are true and ng body of the applicant and
b. Applicant	\$ 8	0,000.00	the applica	nt will comply	with the attache	d assurances If the as	sistance is awarded.
c. State		.00	11	Representativ Secca Coope		or print name clearly	r.)
d. Local		مر. وو. 0,000	h Tirle	cutive Dire		PPT V TO V T T T T T T T T T T T T T T T T	
e. Other		0,151.00	THE RESERVE AND A SECOND SECON	550) 368-44	en en en en en en en en en en en en en e	Fax #: (650)	368-4467
					@friendsfory		
f. Program Income	\$ 57	0.00	Rek	ecca	A CI	77062	M (A (A AAA
g. TOTAL	a 3/.	3,631.00	(e. Signature	of Authorize	d Representativ	re //	Date: 7/2/2002

Applicati	on for Federa	1 -	U.S. Department of Education		
	n Assistance (I		FOTT Approved OMB No. 1875-0108		
Applicant In	ormation	_0 4240	Exp. 11/30/2004		
Name and Address			JUL Organizational Unit		
	endale Unified School	Distric	Intercultural Education		
Address: 223	B N. Jackson Street		STATE CLEARING HOUSE		
Gle	endale		CA Los Angeles 91206 -4380		
City			CA Los Angeles 91206 -4380 State County ZIP Code + 4		
2. Applicant's D-U-N-S	Number 0 7 7 2 3 9	9 2 9	6. Novice Applicant X Yes No		
3. Applicant's T-I-N	5-600146	7. Is the applicant delinquent on any Federal debt? Yes X No			
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B			(If "Yes," attach an explanation.)		
Tide Mentor	ing Programs		8. Type of Applicant (Enter appropriate letter in the box.)		
5. Project Director: J	oanna Junge		· · · · · · · · · · · · · · · · · · ·		
**	Jackson Street		A State G Public College or University B Local H Private, Non-Profit College or University		
Glendale		206 4380 (IP Code + 4	C Special District I Non-Profit Organization		
City			D Indian Tribe J Private, Profit-Making Organization E Individual K Other (Specify):		
Tel. #: (818)241	-3111 Ext.457 Fax #: (818)2	4/-9/65	F Independent School		
E-Mail Address: jju			District		
Application I	nformation				
9. Type of Submission:			12. Are any research activities involving human subjects planned at any time		
PreApplication	—Application		during the proposed project period?		
Construction	Construction		Yes (Go to 12a.) X No (Go to item 13.)		
Non-Constru	ction X Non-Construction		12a. Are all the research activities proposed designated to be exemp		
10. Is application subject:	to review by Executive Order 12372	2505050	from the regulations?		
	ade available to the Executive Orde		Yes (Provide Exemption(s) #):		
	for review): <u>07-02-02</u>		No (Provide Assurance #):		
☐ No (If "No,	" check appropriate box below.)		13. Descriptive Title of Applicant's Project:		
Program	m is not covered by E.O. 12372.		MENTORING FOR SUCCESS, a high-quality		
Progra	n has not been selected by State for re	view.	mentoring program targeting 300 at-risk youth in grades 4,6,8 in the Glendale		
	Start Date: En	d Date:	Unified School District.		
11. Proposed Project Date:	5:				
Estimated Fun	ding	Authori	zed Representative Information		
14a. Federal	\$ 200,000.00	correct. The	of my knowledge and bolief, all data in this preapplication/application are true and e document has been duly authorized by the governing body of the applicant and		
b. Applicant	\$.00		nt will comply with the attached assurances if the assistance is awarded. Representative (Please type or print name clearly.)		
c. State	\$.00	J	ames R. Brown		
d. Local	\$.00	b. Tue	Superintendent		
e. Other	s .00	c. Tel.#:_(8	18)241-3111 Fax#: <u>(818)548-9041</u>		
f. Program Income	\$.00		ress: JBrown@gusd.net		
g. TOTAL	s_ 200,00 <u>0</u> .00	Ø	of Authorized Representative Date: 07/02/02		

5184B020087

Application for Federal Education Assistance



U.S. Department of Education

Ferm Approved OMB No. 1875-0106 Exp. 11/30/2004

, A	pr	lic	ant	m	o	m	ati	on

1. Name and Address

Legal Name: A Place Called Home

Address: 2830 South Central Avenue ATE CLEARING HOUSE

Los Angeles City

2. Applicant's D-U-N-S Number

878207562

CA. State Los Angeles

County

Organizational Unit

90011 -ZIP Code + 4

6. Novice Applicant Yes

Title: Mentoring Programs

4. Catalog of Federal Domestic Assistance #:

5. Project Director: Lee Rosenblum

954427291

Address: 2830 South Central Avenue

Los Angeles City

3. Applicant's T-I-N

CA State

90011 ZIP Code + 4

Tel. #: (323) 232-7653

Fax #: (323) 232-0139

E-Mail Address: lee@apch.org

7.Is the applicant delinquent on any Federal debt? (if "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

A State

G Public College or University

B Local H Private, Non-Profit College or University

I Non-Profit Organization

C Special District D Indian Tribe

E Individual

J Private, Profit-Making Organization

K Other (Specify):

F Independent School District

Application Information

9. Type of Submission:

--Application

Non-Construction

12. Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item

12a. Are all the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s)#);

10. Is application subject to review by Executive Order 12372 process?

Yes (Date made available to the Executive Order 12372 process for review): 7/2/02

No (Provide Assurance #, if available):

11. Proposed Project Dates:

REV. 11/12/99

Start Date: End Date: 01/01/2003 12/31/2006 13. Descriptive Title of Applicant's Project; South Central Los Angeles Mentoring Program

Estimated Fu	iding	THE STREET	The said of the sa
14a, Federal	\$	182,011	.00.
b. Applicant	\$	0	.00
c. State	\$	0	.00
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program Income	\$	0	.00
g. TOTAL	\$	182,011	.00

Authorized Representative Information 15. To the best of my knowledge and belief, all data in this preapplication/ application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative

Lee Rosenblum

b. Title

VP Development and Market

323) <u>232-7653</u>

Fax #: (323) 232-0139

lee@apch.org

Authorized Representative

ED 424

Application for Federal Education Assistance (ED 42)	U.S. Department of Education Form Approved OMB No. 1875-0108 Exp. 11/30/2004
Applicant Information	
1. Name and Address Legal Name: Alameda Unified School District Address: 2200 Central Ave Alameda Cky 2. Applicant's D-U-N-S Number 3. Applicant's T-I-N 9 4 6 0 0 2 0 6 1 4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title: Mentoring Programs 5. Project Director: Linda Karlin, Encinal High School Address: 210 Central Ave Alameda Cky State CA 94501 - Cky State ZiP Code +	CA State G Public Cotlege or University B Local C Special District I D Indian Tribe School ZIP Code + 4 ZI
Tel. #: (510) 337-2462 Fax #: (510) 521-4956 E-Mall Address:	E Individual K Other (Specify): F Independent School District
8. Type of Submission: —PreApplication —Application Construction — Construction	12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) No (Go to item 13.)
Non-Construction Non-Construction Non-Construction Non-Construction Non-Construction	12a. Are all the research activities proposed designated to be exempt from the regulations?
Yes (Date made available to the Executive Order 12372	Yes (Provide Exemption(s) #):
process for review): 7/2/2002	No (Provide Assurance #):
No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review.	13. Descriptive Title of Applicant's Project: Mentoring program linking incoming freshmen with senior advisors.
Start Date: End Date: 7/30/2002 6/30/2003	
Estimated Lunding Author	orized Representative Information
correct the app	best of my knowledge and belief, all data in this preopplication/application are true and t. The document has been duly extherized by the governing body of the applicant and plicant will comply with the attached assurances if the assistance is awarded.
b. Applicant \$.00 a. Autho	rized Representative (Please type or print name clearly.)
**************************************	lla Dailey
d. Local \$.00	Assistant Superintendent
a. Other \$.00 c. Tel.#:	(510) 337-7063 Fax 8: (510) 523-8862
1. Program Income \$.00	Address: adailey@alamcda.k12.ca.us
g. TOTAL \$ 160,000 .00 e. signat	Tire of Authorized Representative Date: 7/1/2002



U.S. Department of Education

Applicant Information	Organizational Unit
1. Name and Address Legal Name: Tri-City Communication	Tri-City Community
Address: 1425 Andover Ct	JIII - 2 2000 Action
Address.	
A. 1994 A. 1996	PROJECT TO LOCATE TO A LOCATE
Fairfield STAT	ECLEARING HOUSGE and 94533 - ZIP Code + 4
2. Applicant's D-U-N-S Number 1 1 2 7 6 0 9	-
3. Applicant's T-I-N 9 4 - 3 3 9 7 0 7	Af "Yes" attach an explanation)
4. Catalog of Federal Domestic Assistance #: 84. 1 8 4	
Title: Mentoring Program	8. Type of Applicant (Enter appropriate letter in the box.) $\lfloor \frac{1}{2} \rfloor$
	A - State F - Independent School District
5. Project Director: Samuel B Martin	B • Local G • Public College or University C • Special District H • Private, Non-profit College or University
Address: 1425 Andover Ct	D - Indian Tribe I - Non-profit Organization E - Individual I - Private, Profit-Making Organization
Fairfield Ca. 94533	K - Other (Specify):
City State Zip code +	4
Tel. #: (707) 694 - 3989 Fax #: (707) 422 -	8457
E-Mail Address: TriCityAction @ Aol.Com	
Application Information	
Application Information 9. Type of Submission:	12. Are any research activities involving human subjects planned at
-PreApplication -Application Construction Construction	any time during the proposed project period? Yes (Go to 12a.) XXNo (Go to item 13.)
Non-Construction XX Non-Construction	
10. Is application subject to review by Executive Order 12372	124. Are all the research activities proposed designated to be process? exempt from the regulations?
YX Yes (Date made available to the Executive Order 12. process for review): 09/02/02	Yes (Provide Exemption(s) #):
process for review): 09/02/02	No (Provide Assurance #):
No (If "No," check appropriate box below.)Program is not covered by E.O. 12372.	
Program has not been selected by State for	13. Descriptive Title of Applicant's Project; or review.
11. Proposed Project Dates: 10 /01 /02 06 / 30 /	Youth mentoring program
Start Date: End D:	
	d Representative Information est of my knowledge and belief, all data in this preapplication/application are true
14a. Federal \$588, 746.97.00 and corr	ect. The document has been duly authorized by the governing body of the applicant
b. Applicant S	applicant will comply with the attached assurances if the assistance is awarded.
_	Representative (Please type or print name clearly.)
- TO 441	el B Martin
	ective Director;
	07) 694 -8457 Fax#: (707) 422 -8457
	dress: TriCityAction @Aol.Com
g. TOTAL \$ 588,746.97.00 e. Signature	of Authorized Representative
	Date 07/01/02

Application for 1 ederal	U.S. Department of Education Form Approved
Education Assistance (ED 424)	OMB No. 1875-0106 Exp. 11/30/2004
Applicant Information	
1. Name and Address Legal Name: Poway Unified School District Address: 13626 Twin Peaks Road	Organizational Unit Wellness Department
Poway STATE CLEARIN	GADUSE San Diego 92064 - 3034 County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 7 8 7 2 7 3 3 6	6. Novice Applicant Yes No
3. Applicant's T-I-N 9 5 - 6 0 0 2 4 5 2	7. Is the applicant delinquent on any Federal debt? Yes Vo
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B	(If "Yes," attach an explanation.)
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.) $ F $
5. Project Director: Sharon Jahn	A State G Public College or University
Address: 13626 Twin Peaks Road	B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization
Poway CA 92064 - 3034 City State ZIP Code + 4	D Indian Tribe J Private, Profit-Making Organization
Tel. #: (858) 679-2533 Fax #: (858) 679-8375	E Individual K Other (Specify): F Independent School
E-Mail Address: sjalm@sdcoe.k12.ca.us	District
Application Information	
9. Type of Submission:	12. Are any research activities involving human subjects planned at any time
PreApplication Application	during the proposed project period?
Construction Construction	Yes (Go to 12a.) No (Go to item 13.)
Non-Construction Non-Construction	
	12a. Are all the research activities proposed designated to be exempt from the regulations?
10. Is application subject to review by Executive Order 12372 process?	Yes (Provide Exemption(s) #):
Yes (Date made available to the Executive Order 12372 process for review): 7/2/2002	No (Provide Assurance #): None
No (if "No," check appropriate box below.)	13. Descriptive Title of Applicant's Project:
Program is not covered by E.O. 12372.	Mentors Empowering Students to Achieve, or "MESA" Program - This mentoring program is designed to assist
Program has not been selected by State for review.	selected at greatest risk students to achieve their full potential in
Start Date: End Date:	areas of academics and social behaviors through a one-on-one relationship with a screened and trained volunteer mentor
11. Proposed Project Dates: 9/1/2002 6/30/2005	engaged in a committed, long term of service to the student.
Estimated Funding Author	ized Representative Intol mation
	t of my knowledge and belief, all data in this preapplication/application are true and he document has been duly authorized by the governing body of the applicant and
b Applicant \$ 50,000 co	ant will comply with the attached assurances if the assistance is awarded. If Representative (Pleasa type or print name clearly.)
c. State \$.00 Donald	A. Phillips, Ed.D.
d. Local \$.00	perintendent
e. Other \$,00 c. Tel.#:	(858) 679-2550 Fax # (858) 679-2642
f. Program Income \$.00 d. E-Mail A	thress: phillips@sdcoc.k12.ca.us
0/2	
g. TOTAL \$ 250,000.00 e. Signatur	e of Authorized Representative Date: 7/1/2002

Application for Federal	U.S. Department of Education Form Approved OM8 No. 1875-0108
Education Assistand (图如题)	OMB No. 1875-0108 Exp. 11/30/2004
Applicant Information	
1. Name and Address	Organizational Unit
Legal Name: AMERICA ON TRACK	ORANGE COUNTY ON TRACK
Address: P.O. BOX 4141	
	ING HOUSE
TUSTIN L	CA ORANGE 92781 - 4141 State County ZIP Code + 4
2. Applicant's D-U-N-S Number 1 2 5 1 1 8 4 8 4	6. Novice Applicant Yes No
3. Applicant's T-I-N 3 3 - 0 7 2 4 0 4 4	7. Is the applicant delinquent on any Federal debt? Yes No
4. Catalog of Foderal Domestic Assistance #: 8 4 1 8 4 B	(If "Yes," attach an explanation.)
Title: MENTORING PROGRAMS	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: TERRY THOMPSON	A State G Public College or University
Address: P.O. BOX 4141	B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization
TUSTIN CA 92781 - 4141 City State ZIP Code • 4	D Indian Tribe J Private, Profit-Making Organization
Tel. #: (714) 531-7144 Fax #: (714) 531-7773	E Individual K Other (Specify): F Independent School
E-Mail Address: OCONTRACK@AOL.COM	District
Application Information	
	12. Are any research activities involving human subjects planned at any time
9. Type of Submission: —PreApplication —Application	during the proposed project period?
Construction Construction	Yes (Go to 12a.) No (Go to item 13.)
Non-Construction Non-Construction	- 143 (30 to 123.) - 140 (30 to Rein 13.)
<u> </u>	12a. Are all the research activities proposed designated to be exempt from the regulations?
10. Is application subject to review by Executive Order 12372 process?	Yes (Provide Exemption(s) #):
Yes (Date made available to the Executive Order 12372	No (Provide Assurance #): Nonc
process for review): <u>7/2/2002</u>	13. Descriptive Title of Applicant's Project:
No (If "No," check appropriate box below.)	
Program is not covered by E.O. 12372.	ON TRACK YOUTH-TO-YOUTH MENTORING AND YOUTH ASSET BUILDING PROGRAM
Program has not been selected by State for review.	
Start Date: End Date: 10/1/2002 9/30/2005	
TI. Proposed Project Dates.	
Estimated Funding Authori	zed Representative Information
142,725.00 correct. Th	of my knowledge and belief, all data in this preapplication/application are true and ne document has been duly authorized by the governing body of the applicant and
b Apolicant & 12 (10) 00 (nt will comply with the attached assurances if the assistance is awarded. Representative (Please type or print name clearly.)
}	BRAEBURN
D Tale	ECUTIVE DIRECTOR
e. Other \$.00 c. Tel.#:(714) 531-7144 Fax #:(714) 531-7773
f. Program Income \$ 0.00 d. E-Mail Ado	was a specific of the second s
('(a	of Authorized Representative Date: 6/28/2002



U.S. Department of Education

Applicant Inform 1. Name and Address Legal Name	nation Merced County Office of Educat	rian	Organizatio	onal Unit
Address:	632 W. 13th Street			
	Merced	CA	Merced	95340
• City		State	County	ZIP Code + 4
2. Applicant's D-U-N-	-S Number 9 3 2 8 8 4 4 2 2	6. Nov	rice ApplicantYes _	
	9 4 - 6 0 0 2 3 7 9			
4. Catalog of Federal [Domestic Assistance #: 84. 1 8 4 B	/. IS (I)	e applicant delinquent on Yes, " attach an explanati	any Federal debt? Yes X N
Title: Mentori	ng Programs	8. Турс	of Applicant (Enter appr	opriate letter in the box.)
5. Project Director:	Marcia Marrs	B -	- Locai G - Publ	pendent School District ic College or University
Address:	942 W. Main Street	D.	- Indian Tribe 1 - Non-p	ate, Non-profit College or University profit Organization e. Profit-Making Organization
Merced	CA 95340		Other (Specifical): [5]	E W F
City Tel. #: (209) 385	State Zip code + 4 - 5356 Fax #: (209) 385 - 5395			
	narrs@mcoe.org		JUL	-2 7002
pplication Inform	nation		Catalana	
Type of Submission: -PreApplication		12. Are a	STATE CLE	ARING HOUSE planned a
Construction	-ApplicationConstruction	2,1,7	mine during the proposed	project period?
Non-Construct	ion X Non-Construction	<u> </u>	Yes (Go to 12a.)	lo (Go to item 13.)
). Is application subject	t to review by Executive Order 12372 process?	12a.	Are all the research acti	vities proposed designated to be
Yes (Date mad process fo	de available to the Executive Order 12372 process? or review): 7 02 2002	_ X _	exempt from the regula Yes (Provide Exemption)	tions? (s) #): 1
	check appropriate box below.)):
Pro	gram is not covered by E.O. 12372		riptive Title of Applicant's	
Pro	gram has not been selected by State for review.			
. Proposed Project Date	CS: 10/01/2002 9/30/2005 Start Date: End Date:	JOA	os Dos Palos Mei	atoring Program
stimated Funding		ntative Inf	ormation	
- Federal S	15. 10 the best of my kno	wledge and be	elief, all data in this preap	plication/application are true
	and correct. The docu	iment has been	n duly authorized by the g	overning body of the applicant
	• •	comply with	the attached assurances if	the assistance is awarded.
ocal \$.00 Lee Ande	rsen	pe or print name clearly.)	
ther \$	632,280 .00 b. Title: Superint			
rogram Income \$. 00 c. Tel. #: (209) 381		Fax #: (200) 201	6767
		inderse @	mcoe.org	- 0/0/
OTAL " \$	956,902 c. Signature of Authorized	Representa	tive	
		J. 16	- se-	Dur. 7 / 01 / 2002

APPLICATION TO THE SECOND SECO								2.1	DATE S	SUBMITTED 7/L .		Applicant Identifier	
TYPE OF SUBMISSION Application	NC	Preapplication			3. DATE RECEIVED BY STATE				State Application (dentifier				
□ Construction ✓ Non-Construction			stletio	G . E		V	<u>E</u>	mª.	ATE F	RECEIVED BY FEDER	al agency	Federal Identifier	
5. APPLICANT INFORM	1ATION	13											
Legal Name: County of	f Humboldt		J	UL	- 2	2002		orsimizational Unit: Community Development Services, Economic Division					
Address (give city, county 520 E Street, Eureka, CA		STA	\TE (CLE,	ARIN	VG H	10U						
6. EMPLOYER IDENTIF	FICATION (EIN): 94-	60(0 5	1 3				7. TYPE OF APPLICANT: (enter appropriate letter here) B A. State H. Independent School District B. County I, State Controlled Institution of Higher Learning C. Municipal J. Private University					
8. TYPE OF APPLICATION; New © Continuation © Revision If Revision, enter appropriate letter(s) in box(es): © © A. Increase Award C. Increase Duration D. Decrease Duration				D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):									
Other Specify:			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency										
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6. 8 1 1 TITLE:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Samon Peninsula Redevelopment; Phase I, Phase II, Assess zoning & redevelopment needs, solicit citizen input for final project.										
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Humboldt County, California													
13. PROPOSED PROJEC	Т:	14. CC	ONGRES	SIONA	L DIST	RICT C	OF:						
Start Date 01/01/03	End Date 12/31/04	а. Арр	licant:	#	1							b. Project #1	
15. Estimated Funding:								16,				Y BY STATE EXECUTIVE	
a. Federal "		\$ 200	0.000.00	3		•				ÖRDER 12372 PROC			
b. Applicant		\$				······································		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSE FOR REVIEW ON:					
c. State		S								DATE 7-2-2002	2		
d. Local		s						b.		NO.	T COVERED BY E	O 12472	
e. Other				☐ PROGRAM IS NOT COVERED BY E.O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW									
f. Program Income 5			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?										
g. TOTAL \$ 200,000,00				Yes :	If "Yes" aπach an explai	istion.	√ No						
BEEN DULY	T OF MY KNOWLEDGE AUTHORIZED BY THE ANCE IS AWARDED.	AND BI GOVER	LIEF. A	ALL DA ODY O	TA IN F THE	THIS A APPLIC	PPLIC	ATION T CIVL	I/PREA HE AP	PPLICATION ARE TR PLICANT WILL COM	UE AND CORRECT LY WITH THE AT	r, the document has Inched assurances if	
a. Typed Name of Authoriz	eed Representative. Kirk	Girard						b. Title: Community Development Services c. Telephone Numb Director (707) 268-3735				c. Telephone Number (707) 268-3735	
d. Signature of Authorized	Representative											c. Date Signed	

Note: If available, please provide application package on diskette and specify the file format



U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 06/30/2001

Applicant Information 1. Name and Address					Organi
	Unified School District	GE	0 V	<u> </u>	Sar

I. Name and Addre		od En un	Organizational Unit
Degai Maille	San Juan Unified Sch		San Juan Unified School District
Address:	3738 Walnut Ave	<u> </u>	
***************************************	P. O. Box 477	JUL - 2 2002	· · · · · · · · · · · · · · · · · · ·
	Carmichael		Sacramento 95609 - 0477
City	N.C.Number 1.0 7	STATE CLEARING I	CA Sacramento 95609 - 0477 HOLES County ZIP Code + 4 Listne applicant delinquent on any Federal debt? Yes X_No
2. Applicant's D-0	-N-3 Mulliber. [0] /_[(If "Yes," attach an explanation.)
	-N: _9 4 - _6_ _0		Title:Building Bridges Mentoring Program
4. Catalog of Feder	al Domestic Assistance #:	841_ _8_ _4 _B =	=>
5. Project Director:	Michael Koerner		7. Type of Applicant (Enter appropriate letter in the box.) _H_
Address:373	8 Walnut Avenue		A - State H - Independent School District
Carmichael	C	A 05608 0477	B - County I - Public College or University
Carmenaer City		A 95608 0477 tate Zip code + 4	C - Municipal J - Private, Non-Profit College or University D - Township K - Indian Tribe
Tel. #: (916)_	_9717022 Fax #:	(916)9717767	E - Interstate L - Individual
E Mail Address	mkoamar@coniusa e	d.,	F - Intermunicipal M - Private, Profit-Making Organization G - Special District N - Other (Specify):
E-ivian Address:	:mkoerner@sanjuan.e	au	
			8. Novice Applicant _X_Yes No
Application In			
 Type of Submiss -PreApplication 	ion: -Applicatio	on.	12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes X No
-r reapplication Construction	• •		a. If "Yes," Exemption(s) #: b. Assurance of Compliance #:
	uctionX_Non-	Construction	
10 la combination o	which to positive by Even	tiva Order 12272 process?	OR
	made available to the Exe	tive Order 12372 process?	c. IRB approval date: Full IRB or
	ocess for review): _7_/_2		Expedited Review
_			13. Descriptive Title of Applicant's Project:
	o," check appropriate box am is not covered by E.O.		
	am has not been selected by		Building Bridges Mentoring: Serve 6 high needs schools
			with mentoring services at grades 4-5, 8 and 9-12 to build a bridge between children and youth and the adult
11. Proposed Project	ct Dates: _10_/_01_/_02		community: Literacy Little League, E Mentoring, and
ū	Start Date:	End Date:	PALS.
Estimated Fund	dina	Authorized Represe	entative Information
ESHBACU FUR	uinë	_	owledge and belief, all data in this preapplication/application are true
14a. Federal	s 258,017.		nument has been duly authorized by the governing body of the applicant
b. Applicant	\$		Il comply with the attached assurances if the assistance is awarded.
e. State	\$		
d. Local	\$		-
e. Other	s		perintendent
f. Program Income	\$		1-7219Fax #: (916)971-7682
		d. E-Mail Address:	

e. Signature of Anthorized Representative

ED 424 (rev 11/12/99)

g. TOTAL

258,017.00



U.S. Department of Education

Applicant Information			Organizational Unit
1. Name and Address Legal Name: The Kern County Mouth Marinet	Tourdain (A)		
			-
Address: 1401 19th Street, Suite 05	- 2 20002 LU		
DI CII STATE CIE	ARING HOUSE	C4 V	07701
Bakersfield SIAIE ULE	MINO HOUSE	CA Kern State Cour	93301 XIP Code + 4
2. Applicant's D-U-N-S Number [1 1 3]	2 5 5 4 9 6	6. Novice Appli	cant X Yes No
3. Applicant's T-I-N 7 7 - 0 4 7 9	2 4 9		nt delinquent on any Federal debt?Yes _X_No ach an explanation.)
4. Catalog of Federal Domestic Assistance #: 84.	1 8 4 B	(1) 1 es. tal	en un explanation,
Title: Mentoring Programs		8. Type of Appl	icant (Enter appropriate letter in the box.)
	Annaharan	A - State	F - Independent School District
5. Project Director: Blodgie Rodriguez		B - Local C - Special '	G - Public College or University District H - Private, Non-profit College or University
		Ð - Indian T E - Individu	· · · · · · · · · · · · · · · · · · ·
Address: 1401 19th Street, Suite 105			
Bakcrsfield CA	93301	K - Otner (3	pecify);
City State Tel. #: (661) 327-4934 Fax #: (661) 327-4	Zip code + 4 1938		
F-Mail Address: blodgie@kernmariachi.com			
Application Information			
9. Type of Submission: -PreApplication -Application		12. Are any res	carch activities involving human subjects planned at uring the proposed project period?
Construction Construction		Yes (0	io to 12a.) X No (Go to item 13.)
Non-Construction X Non-Const	ruction	12a. Arc:	ill the research activities proposed designated to be
10. Is application subject to review by Executive	Order 12372 process?	AYAT	ent from the regulations?
Yos (Date made available to the Execu process for review)://	tive Order 12372	Yes (F	rovide Exemption(s) #):
•		No (P	rovide Assurance #):
X No (If "No," check appropriate box b X Program is not covered by Program has not been select	E.O. 12372.	13. Descriptive	Title of Applicam's Project:
Program has not been select		The Kern Coun	ty Youth Mariachi Foundation: Mentoring Program
11. Proposed Project Dates: 09 / 02 / 2002 . Start Date:	08 / 31 / 2005 End Date:		
Estimated Funding	Authorized Repres	sentative Inform	ation
_			all data in this preapplication/application are true
14a. Federal \$ <u>150,000.00</u>			authorized by the governing body of the applicant
b. Applicant \$00			trached assurances if the assistance is awarded.
c. State " \$ 00	a. Authorized Represent	tanve (l'lease type or	prim name cieariy.)
d. Local \$ 139,089.00	Blodgie Rodriguez	70.	
e. Other/(In-kind) \$ 64,920.00	b. Title: Interim Progra		403.0
f. Program Income \$ 10,000, 00	c Tel. #: (661) 327-49		
	d. E-Mail Address: blox		om
g. TOTAL \$ <u>364,009.00</u>	e. Signature of Authori	uzca Kepresentative	
	Malgu Kald	de 106-2/	Date: <u>07/01/2002</u>



i.S. Department of Education

Applicant Information 1. Name and Address Legal Name: Family Connections El Dorado Inc.	V E Organizational Unit
Address: 344 Placerville Drive Suite 10	2002 [[]]
Placerville City STATE CLEARIN	CA 11 Dorado County 95667 County ZIP Code + 4
2. Applicant's D-U-N-S Number 1 5 9 6 4 6 8 3 5	6. Novice Applicant x Yes No
3. Applicant's T-J-N 9 4 - 2 6 3 3 0 1 6	7. Is the applicant delinquent on any Federal debt?Yes xNo (If "Yes," attach an explanation.)
4. Catalog of Federal Domostic Assistance #: 84184B	- · ·
Title: Safe and Drug-Free Schools and Communities National Program	(B) 8. Type of Applicant (linter appropriate letter in the box.)
5. Project Director: Wendy Wood	A - State F - Independent School District B - Local G - Public College or University C - Special District H - Private, Non-profit College or University
Address: 344 Placerville Drive Suite 10	D - Indian Tribe 1 - Non-profit Organization R - Individual J - Private, Profit-Making Organization
<u>Placerville</u> <u>CA</u> <u>95667</u> City State Zip code + 4 Tel. #: (530) <u>626-5164</u> Fax #: (530) <u>626-0670</u>	K - Other (Specify):
F-Mail Address: wendywood@familyconnected.org	
Application Information 9. Type of Submission: -PreApplicationConstructionConstructionConstructionNon-Construction 10. Is application subject to review by Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372process for review): _07	 12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) x No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: 14. Dorado County School Menter Project
Start Date: End Date:	AMERICAN STATE OF THE STATE OF
	entative Information nowledge and belief, all data in this preapplication/application are true
	cument has been duly authorized by the governing body of the applicant
	ill comply with the attached assurances if the assistance is awarded.
•	ative (Please type or print name clearly.)
d. Local \$ 00 Wendy Wood MPA	
c. Other \$, 00 b. Title: Executive Direct	
•	4 Fax #: (530) 626-0670
	dywood@familyconnected.org
g TOTAL S 406.600 . 00 e. Signature of Authori	Date: 7/2/02



Youth Mentoring Connection Page 1

U.S. Department of Education

Applicant Information I. Name and Address Legal Name: Youth Mentoring Connection		Org	anizational Unit
1310 Constitution 1340.	JL - 2 2002		
Los Angeles STATE (LEARING HOU		90019 - Z1P Code + 4
2. Applicant's D-U-N-S Number 0 3 6 4 9 5 1 2 0		6. Novice Applicant x	_YesNo
 3. Applicant's T-I-N 9 5 - 4 8 4 5 1 0 5 4. Catalog of Federal Domestic Assistance #: 84. 1 8 	<u>8 4 B</u>	7. Is the applicant deline (If "Yes," attach an e	quent on any Federal debt? Yes <u>x</u> No explanation.)
Title: Mentoring Programs		_ 8. Type of Applic	ant (Enter appropriate letter in the box.)
5. Project Director: <u>Jennifer LoRe</u> Address: 1316 Keniston Ave.		A - State B - Local C - Special District D - Indian Tribe E - Individual	F - Independent School District G - Public College or University H - Private, Non-profit College or University I - Non-profit Organization J - Private, Profit-Making Organization
Los Angeles CA Los Angeles City State County Tel. #: (323) 525-1049 Fax #: (323) 525-1048 E-Mail Address: youthmentoring@attbi.com	90019 ZIP Code + 4	K - Other (<i>Specify</i>): _	
Application Information 9. Type of Submission: -PreApplication Construction X Non-Construction 10. Is application subject to review by Executive Order 1	2372 process?	any time during the Yes (Go to 12a 12a. Are all the res	vities involving human subjects planned at proposed project period? .) _x_No (Go to item 13.) earch activities proposed designated to be the regulations?
Yes (Date made available to the Executive Order process for review): / /	ter 12372	Yes (Provide E	xemption(s) #):
x No (If "No," check appropriate box below.) Program is not covered by E.O. 12 x Program has not been selected by S		No (Provide As	Surance #): Applicant's Project:
11. Proposed Project Dates: 9/1/2002 §		Program Expansion	
Estimated Funding: Authority 15	orized Representa i. To the best of my kn	tive Information owledge and belief, all d	ata in this preapplication/application are true
			ed by the governing body of the applicant
			surances if the assistance is awarded.
c. State S 00 a. Auth	orized Representative	(Please type or print nan	ne clearly.)
d. Local S 00 Giacon	o Mattioli		
	: Chairman of the Boar	⁻ d	
f. Program Income \$00 c. Tel. s	#: (323) <u>525-1049</u>	Fax #: (323) <u>525-1048</u>	
,	ail Address: youthmer		
g. TOTAL \$ <u>1,506,195</u> .00 e. Si	Affafafatythoxized	epresentative	Date: 7/1/2002

Application for	rederal	U.S. Department of Education
Education Assi	stance (ED 424)	Form Approved
		OMB No. 1875-0106 Exp. 11/30/2004
Applicant Information 1. Name and Address	WYT	Organizational Unit
Legal Name: ELK G	ROVE UNIFIED SCHOOL DISTRI	
Address:9510 Elk Grove	-Florin Pond	
THE POST OF THE GIOTE	-Florin Road	EARING HOUSE
	STATEO	
Elk Grove		CASacramento95624
•		State County ZIP Code + 4
Applicant's D-U-N-S Number	er [0 1 3 6 1 7 2 0	4 6. Novice ApplicantYes _XNo
3. Applicant's T-I-N _9_4_1.	6 _00_2 _5_0_1_	7. Is the applicant delinquent on any Federal debt?Yes _X }
	Assistance #: 841_84[_B_]	(If "Yes," attach an explanation.)
Tokiy	ms	8. Type of Applicant (Enter appropriate letter in the box.) _F_
		A - State F - Independent School District
Project Director: Matt	Collier	B - Local G - Public College or University C - Special District H - Private, Non-profit College or
Address:9510 Elk Grove-	Florin Road	University
Elk Grove	CA 95624 State Zip code + 4	- D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organization
City	State Zip code + 4	K - Other (Specify):
1er. #: (910)	7568 Fax #: (916) 686 7	596
Construction	Application Construction Non-Construction	12. Are any research activities involving human subjects planned a any time during the proposed project period? Yes (Go to 12a.) _X_ (Go to item 13.)
		12a. Are all the research activities proposed designated to be
A I CS (Date made availa	w by Executive Order 12372 process? tble to the Executive Order 12372	exempt from the regulations?
process for review):/_/	Yes (Provide Exemption(s) #):
No (If "No," check app	propriate box below.)	No (Provide Assurance #):
Program is: Program he	not covered by E.O. 12372. s not been selected by State for review	13. Descriptive Title of Applicant's Project:
Proposed Project Dates:	10/01/02 to 9/30/05 art Date: End Date:	OPPORTUNITIES MENTORING PROGRAM
stimated Funding		esentative Information
	15. To the best of my	knowledge and belief, all data in this preapplication/application are true
s. Federāl \$588,483	and correct. The	document has been duly authorized by the governing body of the applicant
Applicant \$	00 and the applicant	will comply with the attached assurances if the assistance is awarded.
State \$. 00 a. Authorized Represe	ntative (Please type or print name clearly.)
		PP
Other \$ rogram Income \$	ou D. Title:Finance Di	[Fector
Diminitractific is	•	, , , , , , , , , , , , , , , , , , , ,
ГОТАL \$588,483_	u. c-Mail Address;	knapp@edcenter.egusd.k12.ca.us_
	. 00 e. Signature of Autho	razed traces active
	2	Date: 07/01/02

Application for	Federal			U.S. Dep	partment of Education Form Approved
Education Assis	pros demand	48 E 1 V	[]		OMB No. 1875-0106 Exp. 11/30/2004
Applicant Information		<u> </u>			
1. Name and Address		JUL - 2 2002	Organ zationa	l Unit	
Legal Name: Ventura County Supo	rintendent of Schools Office	e	- Special Pr	ojects	
Address: 465 Horizon Circle	CTATE	CLEARING H	THE !		
Camarillo		CX	Ventura		93010 -
City		State	Соипту		ZIP Code + 4
2. Applicant's D-U-N-S Number 1	8 4 0 3 1 5 7	3 6. Novice Ap	plicant 🗹 Y	es No	
3. Applicant's T-1-N 9 5 - 6 0		 -		on any Federal debr	7 Yes No
4. Catalog of Federal Domestic Assistant	e#: 8 4 1 8 4 B	(If "Yes,"	attach an explai	nation.)	
Title: Mentoring Programs		8. Type of Ap	oplicant (Enter a	ppropriate letter in	the box.) F
5. Project Director: Dan Little		A State		G Public College or	=
Address: 465 Horizon Circle		B Local C Special	l District	H Private, Non-Prof Non-Profit Organ	fit College or University ization
Camarillo City	<u>CA</u> 93010 _ State			J Private, Profit-Ma	aking Organization
Tel. #: (805) 388-4435	Fax #: (805) 388-4460	E Individ F Indepe	ual ndent School	K Other (Specify):	
E-Mail Address: _dlittle@vcss.k12.d	ca.us	Distrī 	ct		
Application Informati			The second secon	and the second second property of the second second second second second second second second second second se	4.0
9. Type of Submission;		•			jects planned at any time
	lication	during the	proposed projec	ct period?	
Construction	Construction	✓ Yes (Go to 12a.)	No (Go to item 1	13.)
Non-Construction	Non-Construction	12a. Are	e all the research	activities proposed o	fesignated to be exempt
10. Is application subject to review by Ex	ogustium Order 12272 process?	froi	m the regulations	•	
I I	o the Executive Order 12372	Yes	(Provide Exemp	otion(s) #):5	· · · · · · · · · · · · · · · · · · ·
process for review): 7/			(Provide Assura		
No (If "No." check approp	riate box below.)	13, Descriptiv	e Title of Applica	nt's Project:	
Program is not covered	I by E.O. 12372.	Mentoring f	or Success		
Program has not been s	elected by State for review.				
Start I					
11. Proposed Project Dates: 10/1/2	2002 9/30/2005				
Estimated Funding	Auth	orized Repr	esentativ	e Informat	ion
14a. Federal \$	184,000.00 corre	t. The document has f	been duly authoriz	ed by the governing b	n/application are true and body of the applicant and
b. Applicant \$	40,000,00 the ap	plicant will comply worized Representative	ith the attached a	ssurances if the assis	
c. State \$	60,000.00 Shir	ley Maclean			•
d. Local \$	25,000.00 b. Title	Director, Busines	s Services		
e. Other \$.00 c. Tel.#	(805) 383-1942		Fax #: (805) 38	83-1944
f. Program Income \$.00 d. E-Ma	Address: smacle	an@vess.k12.c	a.us	T
g. TOTAL \$	309,000.00 E. Signa	ture of Authorized			Dale: 2-02

Application for Federal	.S. Department of Education
Education Assistance (ED 424)	Porm Approved OMB No. 1875-0106 Exp. 11/30/2004
Applicant Information I. Name and Address Legal Name: Central American Resource Center (CARECEN Address: 2845 West 7th Street	Organizational Unit
STATE CLE	ARING HOUSE
Los Angeles City	CA Los Angeles 90005 - 3907 State County ZIP Code + 4
2. Applicant's D-U-N-S Number 9 2 9 2 2 0 1	•
. Applicant's T-I-N 9 5 - 3 8 6 7 7 2 4	
. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B	(If "Yes," attach an explanation.)
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the bo .)
	· · · · · · · · · · · · · · · · · · ·
5. Project Director: Francy Balcomb	A - State F - Independent School Distric B - Local G - Public College or Universit C - Special District H - Private, Non-profit College or University
Address: 2845 West 7th Street	D - Indian Tribe 1 - Non-profit Organization
Los Angeles CA 90005 - 390 City State Zip code + 4 Tel. #: (213) 385-0312 Fax #: (213) 385 - 1094 E-Mail Address: fbalcomb@carecen-la.org	
Application Information Type of Submission: -PreApplication -Application Construction Construction Non-Construction X Non-Construction 10. Is application subject to review by Executive Order 12372 process for review): 07 / 02 / 2002	
No (If "No," check appropriate box below.)	No (Provide Assurance #):
Program is not covered by E.O. 12372. Program has not been selected by State for	13. Descriptive Title of Applicant's Project:
11. Proposed Project Dates: _10 /_01/_ 200209 /_30 /_2	CARECEN Mentor Program 005
	Representative Information t of my knowledge and belief, all data in this preapplication/application are true
14a. Federal \$ <u>100.000</u> .00 and correct	ct. The document has been duly authorized by the governing body of the applicant
	pl cant will comply with the attached assurances if the assistance is a mrded.
	Representative (Please type or print name clearly.)
	ela Sanbrano
	utive Director
·	3) 385 - 0312 Fax #: (213) 385 - 1094
	ress:fbalcomb@carecenla.org

213 463 2003

OL-2-02 2.03FW

PAGE 3/3

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Applicant Information	W E C Organizational Unit
1. Name and Address Legal Name: Pueblo Nuevo Development	VE Organizational Unit
Address: PO Box 17778	2002 4 4
1732 West 7 th Street	
Los Angeles STATE CLEARI	NG HOUSE S Angeles 90017 - 0778
City	State County ZIP Code + 4
2. Applicant's D-U-N-S Number 1 1 2 7 1 7 3 2 2	6. Novice Applicant X Yes No
3. Applicant's T-I-N 9 5 - 3 9 5 5 8 6 4	7. Is the applicant delinquent on any Federal debt? Yes X No
4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B	(If "Yes," attach an explanation.)
Title: Safe and Drug-Free Schools & Communities	8. Type of Applicant (Enter appropriate letter in the bax.)
National Programs B	
5. Project Director: Ron Palacios	A - State F - Independent School District B - Local G - Public College or University C - Special District H - Private, Non-profit College or
Address: P. O. BOX 17778	University D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit-Making Organization
Los Angeles CA 90017 - 0778 City State Zin code + 4	K - Other (Specify):
City State Zip code + 4 Tel. #: (213) 483 - 2000 x 15 Fax #: (213) 483 - 2003	ii outer (opeologic
E-Mail Address: ronopal@yahoo.com	
o Mair Admess. Tonopar & Vanoo.com	
Application Information	
9. Type of Submission: -PreApplication -Application	12. Are any research activities involving human subjects planned at
Construction Construction	any time during the proposed project period? Yes (Go to 12a.) X No (Go to item 13.)
Non-Construction X Non-Construction	
10. Is application subject to review by Executive Order 12372 process?	12a. Are all the research activities proposed designated to be exempt from the regulations?
X Yes (Date made available to the Executive Order 12372 process for review): 06 / 27 / 2002	Yes (Provide Exemption(s) #):
	No (Provide Assurance #):
No (If "No," check appropriate box below.)Program is not covered by E.O. 12372.	
Program has not been selected by State for review.	13. Descriptive Title of Applicant's Project:
11. Proposed Project Dates: 10 / 24 / 2002 7 / 01 / 2005	PROJECT STUDENT SUCCESS
Start Date: End Date:	
Estimated Funding Authorized Represent	tative Information ledge and belief, all data in this preapplication/application are true
	nent has been duly authorized by the governing body of the applicant
	omply with the attached assurances if the assistance is awarded.
	e (Please type or print name clearly.)
I. Local \$ 15,000 .00 Philip Lance	
Other \$ 0 .00 b. Title: President and	Executive Director
	2000 x 16 Fax #: (213) 483 - 2003
	nce@pueblonuevo.org
TOTAL \$ 818,102 .00 e. Signature of Authorized	
Pluls	Date: 7/02/2002

Application for Fed	eral	U.S. Department of Educ	atlor
Education Assistance		V E Form Approved OMB No. 1875-0100 Exp. 11,730/2004	
Applicant Information	ST TO THE TIE TO	Taylor LAP 1750 COST	
Applicant Information 1. Name and Address Legal Name: PARTNERS Mentorship Prograt Address: 3295 Meade Avenue San Diego City 2. Applicant's D-U-N-S Number 9 2 7 0 3. Applicant's T-I-N 3 3 0 5 8 7 4. Catalog of Federal Domestic Assistance #: 8 4 Title: Mentoring Programs 5. Project Director: Katie Edwards Address: 3295 Meade Avenue San Diego City CA State	JUL - 2 STATE CLEAR 5 5 1 4 5 7 4 5	Organizational Unit PARTNERS Mentorship Program CA San Diego 92116 - 45 State County ZIP Code + 4 6. Novice Applicant Yes No 7. Is the applicant delinquent on any Federal debt? Yes (If "Yes," attach an explanation.) 8. Type of Applicant (Enter appropriate letter in the box.) I A State G Public College or University B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization D Indian Tribe J Private, Profit-Making Organization	No
Tel. #:_ (619) 584-5797 Fax #: (61	9) 584-5799	E Individual K Other (Specify):	
E-Mall Address: _partners@abac.com		F Independent School District	
Application Information			
9. Type of Submission: —PreApplication —Application Construction Construction Non-Construction Non-Construction 10. Is application subject to review by Executive Order		 12. Are any research activities involving human subjects planned at any during the proposed project period? Yes (Go to 12a.) No (Go to item 13.) 12a. Are all the research activities proposed designated to be exception. 	
Yes (Date made available to the Executi	ve Order 12372	Yes (Provide Exemption(s) #):	
process for review): 7/2/2002		No (Provide Assurance #):	
No (If "No," check appropriate box bell Program is not covered by E.O. 123. Program has not been selected by Sta	72.	13. Descriptive Title of Applicant's Project: The Mentoring Youth, Mid-City (MY Mid-City) Project will provide a one-to-one mentoring program for youth identified "Habitual Truants" to improve school attendance and performance.	as
Start Date: 1/1/2002	End Date: 12/31/2005		
Estimated Funding	Authori	ized Representative Information	
14a. Federal \$ 92,832	.00 15. To the best	of my knowledge and belief, all data in this preapplication/application are true	and
b. Applicant \$	the applica	he document has been duly authorized by the governing body of the applicant ant will comply with the attached assurances if the assistance is awarded.	and
c. State \$	a. Authorized .00 Katic Ed	d Representative (Please type or print name clearly.)	
d. Local \$	h Title	ecutive Director	
e. Other \$		619) 584-5797 Fax#: (619) 584-5799	
	d. E-Mail Add		
g. TOTAL \$ 92,832	.00 e. Signature	of Authorized Representative Date: 7/2/2002	2

Application for Federal	U.S. Department of Education
Education Assistance (ED 424)	W E OMB No. 1875-0108 Exp. 11/30/2004
Applicant Information	
1. Name and Address	2002 U Organizational Unit
Legal Name: Larry D. Maguire	SETACT -FIRST FLIGHT
Address: P.O. Box 230942 STATE CLEARIN	3 HOUSE
Encinitas	CA United States 92023 - 0942
Chy	State County ZIP Code + 4
2. Applicant's D-U-N-S Number 9 4 4 8 9 3 6 9 2	6. Novice Applicant Yes No
3. Applicant's T-1-N 5 8 - 2 0 8 5 3 2 6	7. Is the applicant delinquent on any Federal debt? Yes No
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 b	(If "Yes," attach an explanation.)
The Mentoring Program	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: Larry D. Maguire	A State G Public College or University
Address: P.O. Box 230942	B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization
Encinities CA 92023 - 0942 City State ZIP Code + 4	D Indian Tribe J Private, Profit-Making Organization
Tel. #: (760) 944-7509 Fax #: (888) 311-6841	E Individual K Other (Specify): F Independent School
E-Mall Address: flack@speakeasy.org	District
Application Information	
9. Type of Submission:	Are any research activities involving human subjects planned at any time during the proposed project period?
PreApplication Application	
Construction Construction	Yes (Go to 12a.) Vo (Go to Item 13.)
Non-Construction Non-Construction	12a. Are all the research activities proposed designated to be exempt
10. Is application subject to review by Executive Order 12372 process?	from the regulations?
Yes (Date made available to the Executive Order 12372	Yes (Provide Exemption(s) #):
process for review): 7/2/2002	No (Provide Assurance #):
No (If "No," check appropriate box below.)	13. Descriptive Title of Applicant's Project: FIRST FLIGHT
Program is not covered by E.O. 12372.	
Program has not been selected by State for review.	
Start Date: End Date:	
11. Proposed Project Dates: 9/1/2002 8/31/2002	
Estimated Funding Author	ized Representative Information
14a. Federal \$ 183,339.00 15. To the bes	t of my knowledge and belief, all data in this preapplication/application are true and
COTTOCT.	he document has been duly authorized by the governing body of the applicant and ant will comply with the attached assurances if the assistance is awarded.
h Amelicant e on I	d Representative (Please type or print name clearly.)
	Flack" Maguire
d. Local \$.00 b. Thie Pr	oject Manager
e. Other \$.00 c. Tel.#:	(760) 944-7509 Fax#: (888) 311-6841
f. Program Income \$.00	dress: flack@speakeasy.org
g. TOTAL \$ 183,339.00 e. Signature	of Authorized Representative Date: 7/2/2002

APPLICATION FOR					ApE 04 1, No. 0348-00		
FEDERAL ASSISTA		2. DATE SUBMITTED		Applicant Identifier			
TEDERAL ACCIONA		July	2, 2002	<u> </u>	van IIIII		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED E		State Application Identifier			
Application	Preapplication						
Construction	Construction	4. DATE RECEIVED E	Y FEDERAL AGENC	STATE CLEARING	HUICE		
Non-Construction	Non-Construction			MOIVIE OFFWINIAG	ווסחסב		
5. APPLICANT INFORMATION Legal Name:			Organizational Unit	•			
Center for Envi	ronmental Econ	. Developmer	!	<u>Waste Program</u>			
Address (give city, county, State	a, and zip code):			te number of person to be conta	acted on matters involvi		
1175 G St, #B,			this application (give area code) Ruthanne Cecil (707) 822-8347				
P.O. Box 4167,	Arcata, CA 955	18 (mail)					
6. EMPLOYER IDENTIFICATIO	N NUMBER (FIN):			CANT: (enter appropriate letter			
			1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Onit : (emer appropriate lener	N N		
	347		A. State	H. Independent School Dist			
8. TYPE OF APPLICATION;			B. County	 State Controlled Institution 	of Higher Learning		
. Q Nev	Continuation	Revision	C. Municipal	J. Private University			
If Revision, enter appropriate lett	ter(s) in hoy(es)	·	D. Township E. Interstate	K. Indian Tribe L. Individual			
in rie vision, enter appropriete les	(0) 111 DON(03)		F. Intermunicipal				
A. Increase Award 8. Dec	crease Award C. Increase	Duration	G. Special District	2	profit		
D. Decrease Duration Other(specify):				*		
			9. NAME OF FEDE	RAL AGENCY:			
	A. A. C.		U.S. Environmental Protection Agency				
10. CATALOG OF FEDERAL D	DMESTIC ASSISTANCE NU		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
Solid Waste Man	agement L	6 6 - 8 10 18 <u>- 8 10 18</u>	Organics	Recycling Board	Project		
Assi nt ance				-			
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Stat	tes, etc.):	1				
Eumboldt County	CA						
	14. CONGRESSIONAL DIS	TOLOTA OF.					
is. Proposed Prosect	14, CONGRESSIONAL DIS	THICIS OF:					
Start Date Ending Date	e. Applicant	· · · · · · · · · · · · · · · · · · ·	b. Project				
9/1/02 2/28/04	First Dist	- Calif.	rirst	Dist Calif.			
15. ESTIMATED FUNDING:				N SUBJECT TO REVIEW BY	TATE EXECUTIVE		
			ORDER 12372 P	PROCESS?			
ı. Federal	\$,26					
o. Applicant	\$ 25.	_000		EAPPLICATION/APPLICATION			
л. Аррисатт	-	700	l .	LE TO THE STATE EXECUTIVE S FOR REVIEW ON:	E ORDEH 12372		
: State	\$	· · · · · · · · · · · · · · · · · · ·					
			DATE	7/2/02			
Local	\$	00		1111 B 114 W A 4			
. Other	S	0 6	b. No. PROGRAM IS NOT COVERED BY E. O. 12372				
. Gaitti		•	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
Program Income	\$	òo	1				
		700	17. IS THE APPLICA	NT DELINQUENT ON ANY FE	DERAL DEBT?		
g. TOTAL S .∞			Yes If "Yes,"	attach an explanation.	No E		
8. TO THE BEST OF MY KNOW	A FDGE AND RELIEF ALL	DATA IN THIS ADDITION		,			
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE GOV	ERNING BODY OF TH	E APPLICANT AND T	HE APPLICANT WILL COMPI	Y WITH THE		
ATTACHED ASSURANCES IF T	HE ASSISTANCE IS AWAR	IDED.		record or the second of th	w, vester 111tm		
. Type Name of Authorized Repr	1	o. Title		c. Telephone Number			
Daniel M. Ihar	<u>a</u>	Executive					
Signature of Authorized Repres	ientative Can Run	<i>a</i> .		e. Date Signed			
revious Edition Usable	- var			July 2 200)2		

Application for Federal	U.S. Department of Education
	Form Approved GMB No. 1875-0106 Exp. 11/30/2004
Education Assistance ME & 424	7
Name and Address	- 2 2002 Organizational Unit
Legal Name: Oakland Unified School District UL	Alternative Education
Address: 1025 Second Avenue	ARING HOUSE
Oakland	CA Alameda 94606 - 2212
City	State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 7 6 5 5 4 5 0 0	6. Novice Applicant Yes No
3. Applicant's T-I-N 9 4 6 0 0 0 3 8 5	7. Is the applicant delinquent on any Federal debt? Yes Vo No
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B	(If "Yes," attach an explanation.)
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: Mara Benitez	A State G Public College or University
Address: 1025 Second Avenue	B Local H Private, Non-Profit College or University
Oakand CA 94606 - 2212 City State ZIP Code + 4	C Special District I Non-Profit Organization D Indian Tribe J Private, Profit-Making Organization
Tel, #: (510) 879-2905 Fax #: (510) 879-8800	E Individual K Other (Specify):
	_
E-Mail Address; marabeni@ousd.k12.ca.us	
Application Information	
9. Type of Submission:	12. Are any research activities involving human subjects planned at any time during the proposed project period?
—PreApplication —Application	processing processing
Construction Construction Non-Construction	Yes (Go to 12a.) Vo (Go to item 13.)
Non-Construction Non-Construction	12a. Are all the research activities proposed designated to be exempt
10. Is application subject to review by Executive Order 12372 process?	from the regulations?
Yes (Date made available to the Executive Order 12372	Yes (Provide Exemption(s) #):
process for review): 7/2/2002	No (Provide Assurance #): 13. Descriptive Title of Applicant's Project:
No (If "No," check appropriate box below.)	Peacemakers Academy Mentoring Program
Program is not covered by E.O. 12372.	reacemakers Academy Heatforing Frogram
Program has not been selected by State for review.	
Start Date: End Date: 10/1/2002 7/1/2005	
11, Proposed Project Dates	
A CONTROL OF THE ASSESSMENT OF THE PROPERTY OF	rized Representative Information
14a. Federal \$ 200,000 .00 correct.	est of my knowledge and belief, all data in this preapplication/application are true and. The document has been duly authorized by the governing body of the applicant and.
the appl	icant will comply with the attached assurances if the assistance is awarded. zed Representative (Please type or print name clearly.)
	s Chaconas
h Fitto	Superintendent
e. Other \$.00 \cdot .Tel.#:_	(540)819-8828 / Fax #: (510) 879-8800
d E-Mail	
f. Program Income \$.00	MUN
g. TOTAL \$ 233,528 0.00 e. Signat	re of Acthor see Representative Date:

. NO.584 P.1

Application for Federal Education Assistance (ED 424)



U.S. Department of Education

Applicant Information	DEGEIVE	Org	ganizational Unit				
Name and Address Legal Name: Sacramento	i		evention & Student ervices Department				
Address: 9738 Lincol	Village Dr2ive02		ervices Department				
economic and distribute and a second as a second as a second as a second as a second as a second as a second as	STATE CLEADING HO	IICE	CONTRACTOR OF THE PROPERTY OF				
Sacramento City	STATE CLEARING HO	State Sacrame:	nto 95827 - 3399 ZIP Code + 4				
2. Applicant's D-U-N-S Number 8 0	0 9 0 6 2 3 2	6. Novice Applicant	Yes X No				
3. Applicant's T-I-N 9 4 - 6 0	0 2 5 3 6	7. Is the applicant delin	quent on any Federal debt? Yes X No				
4. Catalog of Federal Domestic Assistance	e#: 84. 1 8 4 B	(1)	organisms surjection				
Title: Mentoring Progra	ams	8. Type of Applicant (E	inter appropriate letter in the box.) $ K $				
5. Project Director: <u>Cheryl Rang</u> Address: 9738 Lincoln V	•	A - State B - Local C - Special District D - Indian Tribe E - Individual	F - Independent School District G - Public College or University H - Private, Non-profit College or University I - Non-profit Organization J - Private, Profit-Making Organization				
Sacramento City Tel.#:(910_228 - 2202 Fax	CA 95827 3399 State Zip code + 4 s#: (916 228 - 2216	K - Other (Specify):	Coúnty Office of Educatio				
E-Mail Address: craney@sco	e.net		,				
Application Information 9. Type of Submission: -PreApplication Construction Non-Construction Non-Construction		any time during th X Yes (Go to 12)	tivities involving human subjects planned at e proposed project period? a.) No (Go to item 13.) search activities proposed designated to be				
10. Is application subject to review by Ex X Yes (Date made available to the process for review): 7	e Executive Order 12372	exempt from	the regulations? Exemption(s) #): 3,4,5				
No (If "No," check appropriat		No (Provide A	ssurance #):				
Program is not cove	red by E.O. 12372.	13. Descriptive Title of	Applicant's Project:				
	en selected by State for review.	Folsom Frie	nds & Families				
11. Proposed Project Dates: 10/01/ Start Date		Mentoring P	rogram				
Estimated Funding	Authorized Represents. To the best of my known		in this preapplication/application are true				
14a. Federal 5 600,000		ment has been duly authori	zed by the governing body of the applicant				
b. Applicant 5 225,892	, 00 and the applicant will	comply with the attached a	assurances if the assistance is awarded.				
c. State \$. 00 a. Authorized Representati	ve (Please type or print na	me clearly.)				
d. Local \$							
e. Other \$ <u>54,000</u>	,00 b. Title: County Su	b. Title: County Superintendent of Schools					
f. Program Income \$.00 c. Tel. #: (916)228	- 2810 Fax #: (916) 228 - 2216				
	d. E-Mail Address: dme	aney@scoe.net					
g. TOTAL \$ 879,892	.00 e. Signature of Authorize	d Representative	Date: 7/2/02				



U.S. Department of Education

4 35	Information				Organizational Unit			
Legal Nam	ne:Catholic Healt	hcare West De	A Eal Company Me	lica Conta	Hope Street Family Center			
Address:]	401 South Grane	1 Avenue						
_			JUL - 2 7002					
	Los Angeles			OLICA LOS Ans	poles on the second sec			
	City	STA	ATE CLEARING H	State Los And Count				
2. Applicant's	s D-U-N-S Numb	er <u> 0 5 3</u>	8 7 9 2 3 5	6. Novice Applic	entYes _X_No			
3. Applicant's	T-I-N 9 4	1-1119	612 013	7. Is the applican	t delinquent on any Federal debt? Yes X N			
4. Catalog of	Federal Domestic	CAssistance #:	84. 1 8 4]	(II "Yes." atta	ch an explanation.)			
Title: Mer	toring Programs			8. Type of Applie	cant (Enter appropriate letter in the box.)			
				A - State B - Local	F - Independent School District G - Public College or University			
	ector: <u>Vickie Kro</u> 401 S. Grand Av			C - Special De D - Indian Tri E - Individual	istrict H - Private, Non-profit College or University be I - Non-profit Organization			
	Angeles		90015	K - Other (Spe	ucify):			
City		State	Zip code + 4					
) 742-5893 Fax #	, ,	75					
E-Mail Add	lress: rhume@ch	w.cdu		and the same of th				
Application	Information	t						
Type of Sub		4 15		12. Are any resear	ch activities involving human subjects planned at			
<i>-PreAppli</i> Cons	canon truction	-Application Construct	ion	any time duri	ing the proposed project period?			
		X Non-Con	struction	res (Go	to 12a.) X No (Go to item 13.)			
.				12a. Are all	the research activities proposed designated to be			
u. 1s applicati V≈s (On subject to revi	ew by Executive	ve Order 12372 process? cutive Order 12372	exempt from the regulations?				
	process for revie	w):/	cutive Order 123/2	Yes (Pro	vide Exemption(s)#):			
No (If "No," check a	ppropriate box	below.)	No (Prov	ide Assurance #):			
	Program is	on covered by	y E.O. 12372. ected by State for review.	13. Descriptive Tit	lle of Applicant's Project:			
			of community to the service.	Hope Street N	Mentoring Program			
l. Proposed Pi	roject Dates: 1	0/1/02 tart Date:	9/30/05 End Date:					
stimated F	unding		Authorized Repres	entative Informatio	on data in this preapplication/application are true			
a. Federal	s <u>200,00</u>				thorized by the governing body of the applicant			
Applicant	s <u>23,62</u>	. 00			ned assurances if the assistance is awarded.			
State	\$	00	a. Authorized Represent					
Local	S	. 00	Mark A. Meyers					
Other	\$, 00	b. Title: President		omen sta			
Program Incom	me \$	00	c. Tel. #: (213) 742-57	778 Fax #: <u>(213) 765-</u>	4078			
			d. E-Mail Address: mey	ersm@chw.edu_	PER BOATS BOATS AND AND AND AND AND AND AND AND AND AND			
TOTAL	s <u>223,62</u>	. 00	e. Signature of Authoriz					
			Mal	Willen	Date: 7/1 /02			

Bass	U.S. Department of Education
Application for ederal	Form Approved OMB No. 1875-0106
Education Assistance (ED 424)	Exp. 11/30/2004
Applicant Information	
1 Name and Address	Organizational Unit
t cc Daion High School Dikirkiill	- 2 2002 DALY CITY YOUTH HEALTH CENTER
Address: 699 Serramonte Blvd.	2 1001
0 : 100	San Mateo 94015 - 4132
Daly City STATE CLE/	ARING HOUSE County 21P Code + 4
City	6. Novice Applicant Yes No
2. Applicant's D-U-N-5 Number 0 7 8 7 7 2 8 2 9	§
3. Applicant's T-I-N 9 4 - 3 0 8 3 7 7 2	7. Is the applicant delinquent on any Federal debt? Yes No
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B	(If "Yes," attach an explanation.)
4. Catalog of Federal Domestic Assistance 0 1	8. Type of Applicant (Enter appropriate letter in the box.) \underline{B}
Title:	
5. Project Director: Barbara Raboy	A State G Public College or University B Local H Private, Non-Profit College or University
Address: 2780 Junipero Serra Blvd.	C Special District Non-Profit Organization
Daly City CA 94015 - 1634 State ZIP Code + 4	D Indian Tribe J Private, Profit-Making Organization
- City	E Individual ix Other (Speen))
Tel. #: (650) 991-2240 Fax #: (650) 991-7498	F Independent School District
E-Mail Address: barblraboy@aol.com	D13.1100
Application Information	
	12. Are any research activities involving human subjects planned at any time
9. Type of Submission: ——PreApplication ——Application	during the proposed project period?
—PreApplication —Application Construction Construction	Yes (Go to 12a.) V No (Go to item 13.)
Non-Construction Non-Construction	12a. Are all the research activities proposed designated to be exempt
Non-Constitution Little State	from the regulations?
10. Is application subject to review by Executive Order 12372 process?	Yes (Provide Exemption(s) #):
Yes (Date made available to the Executive Order 12372	No (Provide Assurance #):
process for review): 7/2/2002	13. Descriptive Title of Applicant's Project:
No (If "No," check appropriate box below.)	1. Description
Program is not covered by E.O. 12372.	MENTORING CONNECTIONS
Program has not been selected by State for review.	
Start Date: End Date:	
10/1/2002 9/30/2005	
11. Proposed Project Dates: 10/1/2002	orized Representative Information
	the first all data in this preacolication/application are true and
14a. Federal \$ 200,000.00 13. 16 federal	e best of my knowledge and belief, all data in this proopping body of the applicant and ct. The document has been duly authorized by the governing body of the applicant and opticant will comply with the attached assurances if the assistance is awarded.
1 00 ll	opticant will comply with the attached assurances in discovering the properties of print name clearly.)
The second secon	shael J Crilly
c. State \$.00 Mic	Superintendent, Jefferson Union High School District
d. Local \$.00	
on E. Tel.	#: (650) 550-7960 Fax #: (650) 550-7888
i Dibor	all Address: mcrilly@juhsd.k12.ca.us
f. Program Income \$.00	0.000
W 11 TOWNSHIP OF THE PROPERTY	Hatel He Cobbe Date:
g. TOTAL \$ 200,000 .00 [(e. Stgf	Soldie of Addingtion of

Application for Federal	
Education Assistance (ED	1 24)

FROM



		·						
U.S. De	Parti	nen	t of E	duc	atic	n		
		υρι σί α. 18	bd [7] 6-0100	[\mathbb{V}	3	n
		30/20]]]]]]
rganizational	NH.		JUL	****	2	2002	2	
	STA	L VTE	CLE	-AF	SIV	IG F	IOI	J SE
				-			. 🔾	
	9	459			***************************************			
			Code +					

Date: 7 / 1 / 02

Education Assistance (ED 424)	10 mg Ap 1675 0106 [V [] 1875 0106 [] V [] 1875 0106					
Applicant Information						
1. Name and Address	Organizational Unit					
Legal Name: Vallejo Community Consortium/Figh	ting Back CTATE OF					
Address: 505 Santa Clara St., 3rd Floor	STATE CLEARING HOUS					
Vallejo, CA						
Circ	CA Solano 94590					
Application in Process 2. Applicant's D-U-N-S Number	State County 21P Code + 4					
The state of the s	6. Novice Applicant Yes XNo					
3. Applicant's T-I-N 6 8 - 0 2 9 8 0 9 2	7. Is the applicant delinquent on any Federal debt? Yes XNo (If "Yes," attach an explanation.)					
4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B	(5) Tes, and an explanation)					
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.)					
	A - State F - Independent School District					
5. Project Director: Melvin Orpilla	G - Public College or University					
Address: 505 Santa Clara St., 3rd Floor	versity versity					
77alla	D - Indian Tribe I - Non-profit Organization E - Individual J - Private, Profit Making Organization					
City State Zip pode + 4 Tel. #: (707) 648 - 5230 Fax #: (707) 648 - 5212	K - Other (Specify):					
E-Mail Address: mel@fight-back.org						
Application Information Type of Submission:						
-PreApplication -Application	12. Are any research activities involving human subjects planned at					
Construction Construction Non-Construction	any time during the proposed project period? Yes (Go to 12a) No (Go to item 13.)					
O. Is application subject to review by Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372)	12a. Are all the research activities proposed designated to be exempt from the regulations?					
process for review): 06/29/02	Yes (Provide Exemption(s) #):					
No (If "No," check appropriate box below.)	No (Provide Assurance #):					
Program is not covered by E.O. 12372	13. Descriptive Title of Applicant's Project:					
Program has not been selected by State for review.	·					
1. Proposed Project Dates: 10/01/2002 09/30/2005	Mentoring Programs					
Start Date: End Date:						
stimated Funding Authorized Represe	entative Information					
4a. Federal S 11% 823 on and account The	owledge and belief, all data in this preapplication/application are true					
and correct. The doc	ument has been duly authorized by the governing body of the applicant					
Const	ll comply with the attached assurances if the assistance is awarded.					
a. Authorized Representati	tive (Please type or print name clearly.)					
. W D. IME: DAECUELY						
	- 5230 Fax #: (707) 648 - 5212					
TOTAL \$ 138,993 M Signature of Authoria	jane@fight-back.org					

Application for Federal	U.S. Department of Educatio
Education Assistanda (EL) 484	Form Approved OMB No. 1875-0106
Applicant Information	Exp. 11/30/2004
Name and Address JUL - - - - - - - - - - - - -	2002
Legal Name: Oakland Unified School District	
	Peralta, Hoover and Longfellow Elementary
CTATE CLEAR	RING HOUSE choools
Oakland Oakland	CA Alameda 94606 - 2212
City	State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 7 6 5 5 4 5 0 0	6. Novice Applicant Ves No
3. Applicant's T-I-N 9 4 6 0 0 0 3 8 5	7. Is the applicant delinquent on any Federal debt? Yes No
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B	(If "Yes," attach an explanation.)
Title: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.) \cite{F}
5. Project Director: Helen Keels	A State G Public College or University
Address: 460 63rd Street	B Local H Private, Non-Profit College or University
Oakland CA 94609 - 1399 City State ZiP Code + 4	C Special District Non-Profit Organization D Indian Tribe J Private, Profit-Making Organization
	D Indian Tribe J Private, Profit-Making Organization, E Individual K Other (Specify):
Tel. #: (510) 879-1454 Fax #: (510) 879-1459	F Independent School
E-Mail Address: _sspindt@yahoo.com	District
Application Information	
	12 Assessment and the second s
9. Type of Submission: —PreApplication —Application	12. Are any research activities involving human subjects planned at any time during the proposed project period?
Construction Construction	Yes (Go to 12a.) No (Go to item 13.)
Non-Construction Non-Construction	
	12a. Are all the research activities proposed designated to be exempt from the regulations?
10. Is application subject to review by Executive Order 12372 process?	
Yes (Date made available to the Executive Order 12372	Yes (Provide Exemption(s) #):
process for review); 7/2/2002	No (Provide Assurance #):
No (If "No," check appropriate box below.)	13. Descriptive Title of Applicant's Project:
Program is not covered by E.O. 12372,	Northwest Oakland Mentor Project
Program has not been selected by State for review.	
	· · · · · · · · · · · · · · · · · · ·
Start Date: End Date: 11. Proposed Project Dates: 10/1/2002 7/1/2005	
The respondence of the second	
Estimated Funding Author	zed Representative Information
14a. Federal \$ 200,000.00 15. To the best	of my knowledge and belief, all data in this preapplication/application are true and
the applica	ne document has been duly authorized by the governing body of the applicant and int will comply with the attached assurances if the assistance is awarded.
n annicont s on il	Representative (Please type or print name clearly.)
c. State \$.00 Dennis C	Chaponas
d. Local \$.00	permitendent
	10) 879-8828 Fax #: (510) 879-8800
d E-Milad	
f. Program Income \$.00	Votislar
g. TOTAL \$ 200,000.00 (e. Signature	



I.S. Department of Education

Applicant Information		Organ	izational Unit
 Name and Address Legal Name: <u>The Kern County Youth Maria</u> 	ichi Foundation (KCYMF)		
_			
Address: 1401 19th Street, Suite 105			
<u>Bakersfield</u>		CA <u>Kern</u>	93301
City		State County	ZIP Code + 4
2. Applicant's D-U-N-S Number 1 1 3	2 5 5 4 9 6	6. Novice Applicant X	YesNo
3. Applicant's T-I-N 1717 - 01417 9	0 2 4 1 9 1	7. Is the applicant delinque (If "Yes," attach an exp	ent on any Federal debt?Yes _X_No
4. Catalog of Federal Domestic Assistance #: 8	4.1 8 4 B	(2) 120, 31, 32, 32, 32, 32, 32, 32, 32, 32, 32, 32	
Title: Mentoring Programs	en en en en en en en en en en en en en e	8. Type of Applicant (Ente	r appropriate letter in the box.) [1]
5. Project Director: Blodgie Rodriguez	F	B - Local G C - Special District H D - Indian Tribe I	- Independent School District - Public College or University - Private, Non-profit College or University - Non-profit Organization
Address: 1401 19th Street, Suite 105		G G Individual I	- Private, Profit-Making Organization
Bakersfield CA	$\frac{93301}{1}$	K - Other (Specify)	In//
City State Tel. #: (661) 327-4934 Fax #: (661) 327		JUL - 1 2002	
E-Mail Address: blodgie@kernmariachi.cor	$\frac{1}{2}$		
Application Information	LSIA	TE CLEARING HOUS	is grown
9. Type of Submission:		12. Arc any research activity	ties involving human subjects planned at
-PreApplication -Application		any time during the pr	oposed project period?
Construction Construction X Non-Con	on		_X_ No (Go to item 13.)
		12a. Are all the resea	rch activities proposed designated to be
10. Is application subject to review by Executiv	c Order 12372 process?	exempt from the	regulations?
Yes (Date made available to the Executive process for review)://	nuive Order 123/2	Yes (Provide Exe	mption(s) #):
		No (Provide Assu	rance #):
X No (If "No," check appropriate box X Program is not covered b Program has not been selections	y E.O. 12372.	13. Descriptive Title of App	plicant's Project:
		The Kern County Youth M	ariachi Foundation: Mentoring Program
II. Proposed Project Dates: 09 / 02 / 2002 Start Date:	08 / 31 / 2006 End Date:		•
Estimated Funding	Authorized Represe	ntative Information	us preapplication/application are true
14a. Federal \$ <u>150,000.00</u>			by the governing body of the applicant
o. Applicant \$ 00			rances if the assistance is awarded.
s. State \$00		ive (Please type or print name o	
I. Local \$ <u>139,089.00</u>	Blodgie Rodriguez		
. Other/(In-kind) \$ 64.920.00	b. Title: Interim Program	Director	
Program Income \$ 10,000.00	c. Tcl. #: (661) 327-4934	Fax #: (661) 327-4938	
	d. E-Mail Address: blodgi		
TOTAL \$ 364,009, 00	e. Signature of Authorize	d Representative	
	Blodgie K	orline -	Date: 07/01/2022
		/	Date: <u>07/01/2002</u>

Logal Name	Application for Federal	U.S. Department of Education Form Approved
Applicant Information 1. Name and Address Legis Name: A World Fit For Name: A World Fit For Name: A World Fit For Name: A World Fit For Name: A World Fit For Name: A World Fit For Name: A World Fit For Name: A State Fit Code - Code 2. Applicant's Ti-N 3 3 - 0 5 5 0 9 9 4 4. Captiogn Fisheral Director Assistance # 8 4 1 8 4 8 1 8 4 8 1 8 4 8 1 8 4 8 1 8 4 8 1 8 4 8 1 8 1		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Legal Name: A World Pit For Made! Address 2550 W. Beverly Blvd. 2. Applicant SD-U-N-S Number 0 4 1 3 4 1 9 6 9 5. Novice Applicant Ves No. 3. Applicant SD-U-N-S Number 0 4 1 3 4 1 9 6 9 5. Novice Applicant Ves No. 4. Catalog of Fateral Domestic Assistance # 8 4 1 0 (11 20 20 20 20 20 20 20 20 20 20 20 20 20	Applicant Information	
Address 2550 W. Beverly Blvall And Floor Los Angeles STATE CLEARING HOUSE angeles 90057 - 1029 2. Applicant's D.U.N.S. Number 0 4 1 3 4 7 9 6 9 6. Novice Applicant Ves. No 3. Applicant's T.I.N. 3 3 0 5 5 0 9 9 7. Is the applicant delinquent on any Federal deal? No 4. Catalog of Federal Domestic Assistance # 8 4 1 8 4 8 1 8 4 8 1 8 4 1 8	11-71	Organizational Unit
2nd Ploor Los Angeles STATE CLEARING HOUSE be Angeles 90057 - 1029 2. Applicant SD-U-N-S Number 0 4 1 3 4 7 9 6 9 6 3. Applicant SD-U-N-S Number 0 4 1 3 4 7 9 6 9 6 3. Applicant SD-U-N-S Number 0 4 1 3 4 7 9 6 9 6 3. Applicant SD-U-N-S Number 0 4 1 3 4 7 9 6 9 6 4. Catalog of Federal Domestic Assistance F 8 4 1 8 4 B Tate Safe & Drug—Free Schools and Communities Mentoring Programs 5. Project Director: Ms. Normandie Nigh Address: 2550 W. Beverly Blvd. 2nd Fl Los Angeles CA 90057 1029 Clip Applicant (Enter appropriate lettor in the box) Los Angeles CA 90057 1029 Clip Applicant (Enter appropriate lettor in the box) Los Angeles CA 90057 1029 Clip Applicant (Enter appropriate lettor in the box) Los Angeles CA 90057 1029 Clip Applicant (Enter appropriate lettor in the box) Los Angeles CA 90057 1029 Chick applicant (Enter appropriate lettor in the box) Los Angeles CA 90057 1029 Chick applicant (Enter appropriate lettor in the box) Los Angeles CA 90057 1029 Chick applicant (Enter appropriate lettor in the box) Los Angeles CA 90057 1029 Chick applicant (Enter appropriate lettor) Los Angeles CA 90057 1029 Chick applicant (Enter appropriate lettor) Los Angeles CA 90057 1029 Chick applicant (Enter appropriate lettor) Canary research activities involving human subject planned at any time during the propriate primed at any time during the propriate pr		-1-2002 - 12
Los Angeles STATECLEARTING HOUSE by Angeles 90057 -1029 2. Applicant SOUN-S Number 0 4 1 3 4 7 9 6 9 5. Novice Applicant Ves × No 3. Applicant ST-IN 3 3 0 5 5 0 9 9 4 4. Cetalog of Federal Domestic Assistance # 8 4 1 8 4 B Title Safe & Drug-Pree Schools and Communities Mentoring Programs. 5. Project Director. Ms. Normandie Nigh. Address. 2550 W. Beverly Blvd. 2nd Fl Los Angeles CA. 90057 1029 City State 213-387-7712 Fax 6 213-487-3240 E-Mail Address. Lafite Bool.com Application Internation 9. Type of South Schools Internation 10. Is application subject to review by Esecutive Order 12172 process? X Yes (Cate made available to the Executive Order 12372 process) X Yes (Cate made available to the Executive Order 12372 process) X Yes (Cate made available to the Executive Order 12372 process) Yes (Cate made available to the Executive Order 12372 process) X Yes (Cate made available to the Executive Order 12372 process) X Yes (Cate made available to the Executive Order 12372 process) X Yes (Cate made available to the Executive Order 12372 process) Yes (Cate made available to the Executive Order 12372 process) X Yes (Cate made available to the Executive Order 12372 process) X Yes (Cate made available to the Executive Order 12372 process) X Yes (Cate made available to the Executive Order 12372 process) X Yes (Cate made available to the Executive Order 12372 process) X Yes (Cate made available to the Executive Order 12372 process) Yes (Cate made available to the Executive Order 12372 process) X Yes (Cate made available to the Executive Order 12372 process) X Yes (Cate made available to the Executive Order 12372 process) X Yes (Cate made available to the Executive Order 12372 process) X Yes (Cate ot 12a) Nogrove the Exemption of the Province Adversariable (Percentage Cate and	Address: 2550 W. Beverty Bivalli	
2. Applicant's D-U-N-S Number 0 4 1 3 4 7 9 6 9 3. Applicant's T-I-N 3 3 3 0 5 5 0 9 9 4 4. Catalog of Federal Domestic Assistance* 8 4 1 8 4 B TRIE SAFE & DYUG-Free Schools and Communities Mentoring Programs. 5. Project Director. Ms. Normandie Nigh Address. 2550 W. Beverly Blvd. 2nd Fl Losa Angeles CA 90057 1029 Cry Tel. #213 - 387 - 7712 Fax #. 213 - 487 - 3240 E-Mail Address. Lafit #2a0l.com Application Information 9. Type of Submission: —Prapplication —Application —Application —Prapplication Subject to review by Executive Order 12372 process? Nor-Construction Construction Constructio	Los Angeles OTATE CLI	AMAG HOUSEDs Angeles 90057 -1029
3. Applicant s T-I-N 3 3 3 - 0 5 5 0 9 9 4 4. Catalog of Federal Domestic Assistance # 8 4 1 8 4 18 4 18 18 18 18 18 18 18 18 18 18 18 18 18	1	1
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B Title Safe & Drug-Pree Schools and Communities Mentoring Programs. 5. Project Drevor Ms. Normandie Nigh Address: 2550 W. Beverly Blvd. 2nd Fl Los Angeles CA 90057 1029 City Tel. #213-387-7712 Fax #: 213-487-3240 E-Mail Address: Lafit@aol.com Application Information 9. Type of Submission: —Preplication — Application — Application —Non-Construction — Construction —Non-Construction — Application — Application — Application Subject to review by Executive Order 12372 process? Yes (Cota mada available to the Executive Order 12372 process for raview): + 0p. 02- No. (If 'No." check appropriate box Leibw) — Program is not covered by E. 0. 12372 — Program-has not been selected by State for review. Start Date: Start Date: Contract Date: O1/01/2003 12/31/2005 Estimated Funding 14a. Federal \$ 200,000 00 D. Applicant \$ 400,000 00 d. Local \$ 0 00 C. Stare \$ 120,000 00 d. Local \$ 0 00 G. Stare \$ 76,725 00 G. Other \$ 76,725 00 J. Program Income \$ 0 00 D. Manual Maderns: Lafit@aol.com Communities Mentoring Program is a located and provided in the propagation of the application and the subject of the provided Assurance of the provided Assurance of the sacistance is mounted. A State	2. Applicant's D-U-N-S Number 0 4 1 3 4 7 9 6 9	6. Novice Applicant Yes X No
Title Safe & Drug-Free Schools and Communities Mentoring Programs. 8. Type of Applicant (Emer appropriate latter in the box.) 1	STATE OF THE STATE	ı
S. Project Director. Ms. Normandie Nigh Address. 2550 W. Beverly Blvd. 2nd Fl Los Angeles CA 90057 1029 City Tel. #213-387-7712 Fax #: 213-487-3240 E-Mail Address Lafit @aol. com Application Into Hatton 9. Type of Submission: Prepapilication —Application Non-Construction Non-Construction Non-Construction Non-Construction Non-Construction Non-Construction Non-Construction Non-Construction Non-Construction Star Date:		(If "Yes," attach an explanation.)
S. Project Director: Ms. Normandie Nigh Address 2550 W. Beverly Blvd. 2nd Fl is Local Frivate Non-Profit College or University		Type of Applicant (Enter appropriate letter in the box.)
Los Angeles CA 90057 1029 Tel. #213-387-7712 Fax #: 213-487-3240 E-Mail Address: Lafit@aol.com Application —PreApplication —PreApplication —Application —PreApplication —Construction —Non-Construction —Non-Cons	5. Project Director: Ms. Normandie Nigh	A State G Public College or University
Description Program Income State 2/P Code 4 Endithed Private Profit Making Organization Endithed K Other (Specify); Endithed K Other (Specify); Endithed K Other (Specify); Endithed Endithed K Other (Specify); Endithed Endithed K Other (Specify); Endithed Endithed Endithed K Other (Specify); Endithed		C. Special District Non-Profit Organization
E-Mail Address: Lafit@aol.com Application Information 9. Type of Submission: —PreApplication —Application —Construction —Construction —Non-Construction —N	Los Angeles CA 90057 10 City State ZIP Code + 3	D Indian Tribe J Private, Profit-Making Organization
District Application Information	Tel. #213-387-7712 Fax #: 213-487-3240	1
Application Information 9. Type of Submission: —PreApplication —Application —Application —Application —Application —Construction —Non-Construction —Non-Co	E-Mail Address: Lafit@aol.com	<u>'</u>
9. Type of Submission: —PreApplication —Application —Construction —Non-Construction		
-PreApplication —Application Construction Non-Construction Non-Construction It is application subject to review by Executive Order 12372 process? It is application subject to review by Executive Order 12372 process? It is application subject to review by Executive Order 12372 process? It is application subject to review by Executive Order 12372 process? It is application subject to review by Executive Order 12372 process? It is application subject to review by Executive Order 12372 process? It is application subject to review by Executive Order 12372 process for review): It is application subject to review by Executive Order 12372 process? It is application subject to review by Executive Order 12372 process? It is application subject to review by Executive Order 12372 process? It is application subject to review by Executive Order 12372 process? It is application subject to review by Executive Order 12372 process? It is application subject to review by Executive Order 12372 process? It is application subject to review by Executive Order 12372 process? It is application subject to review by Executive Order 12372 process? It is application subject to review by Executive Order 12372 process? It is application subject to review by Executive Order 12372 process? It is application subject to review by Executive Order 12372 process? It is application subject to review by Executive Director It is application subject to review by Executive Director It is application subject to review by Executive Director It is application subject to review by Executive Director It is application subject to review by Executive Director It is application subject to review by Executive Director It is application subject to review by Executive Director It is application subject to review by Executive Director It is application subject to review by Executive Director It is application subject to review by Executive Director It is application subject to review by Executive Director It is application subject t		12. Are any research activities involving human subjects planned at any time
Non-Construction Non-Construction X Non-Construction	1	during the proposed project period?
10. Is application subject to review by Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372 process for review): 7-0 -02. No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: O1/01/2003 12/31/2005 O1/01/2003 12/31/2005 O1/01/2003	Construction	
10. Is application subject to review by Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372 process for review): X - Ot- O2 No. (If "No." check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date:	Non-Construction × Non-Construction	12a. Are all the research activities are posed designated to be exempted.
Yes (Date made available to the Executive Order 12372 process for review): \(\frac{7-0f. 02}{2-0f. 02} \) No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date:	10. Is application subject to review by Executive Order 12372 process?	from the regulations?
No (If "No," check appropriate box below.) No (If "No," check appropriate box below.) 13. Descriptive Title of Applicant's Program is not covered by E.O. 12372. Program has not been selected by State for review. After—School Mentoring Program	primary.	Yes (Provide Exemption(s) 1) JUL - 2002
Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date:		
Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: 01/01/2003 12/31/2005 E. stimated Funding 14a. Federal \$ 200,000 .00 b. Applicant \$ 400,000 .00 c. State \$ 120,000 .00 d. Local \$ 0 .00 d. Local \$ 0 .00 e. Other \$ 76,725 .00 1. Program Income \$ 0 .00 Mathematical Mentoring Program After-School Mentoring Program Program Income Start Date: End Date: O1/01/2003 12/31/2005 15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly) Ms. Normandie Nigh b. Title Executive Director c. Yet. #. 213-387-7712	No (If "No," check appropriate box below.)	13. Descriptive Title of Applicant's ProSTATE CLEARING HOUSE
Program has not been selected by State for review. Start Date:	Program is not covered by E.O. 12372.	
11. Proposed Project Dates: 01/01/2003 12/31/200 5 E. Stimated Funding 14a. Federal \$ 200,000 .00 b. Applicant \$ 400,000 .00 c. State \$ 120,000 .00 d. Local \$ 0 .00 d. Local \$ 0 .00 e. Other \$ 76,725 .00 1. Program Income \$ 0 .00 The Stimated Funding Authorized Representative Information Authorized Representative Information 15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant with comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly) Ms. Normandie Nigh b. Title Executive Director c. Tel. #: 213-387-7712 Fax #213-487-3240 d. E-Mail Address: Lafit@aol.com The Mail Address: Lafit@aol.com The Mail Address: Lafit@aol.com	Program has not been selected by State for review.	After-school Mentoling Flogram
Lestimated Funding Authorized Representative Information	04/04/0000 40/04/00	
14a. Federal \$ 200,000 .00 b. Applicant \$ 400,000 .00 c. State \$ 120,000 .00 d. Local \$ 0 .00 e. Other \$ 76,725 .00 f. Program Income \$ 0 .00 15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly.) Ms. Normandie Nigh b. Title Executive Director c. Yel. #: 213-387-7712 Fax #:213-487-3240 d. E-Mail Address: Lafit@aol.com Www.Muli. Nigh		
b. Applicant \$ 400,000 .00 c. State \$ 120,000 .00 d. Local \$ 0 .00 e. Other \$ 76,725 .00 f. Program Income \$ 0 .00 correct. The document has been duly authorized by the governing hody of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly) Ms. Normandie Nigh b. Title Executive Director c. Yel. #: 213-387-7712 Fax #:213-487-3240 d. E-Mail Address: Lafit@aol.com **Tomandie Nigh** **Description of the applicant and the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly) b. Title Executive Director c. Yel. #: 213-387-7712 Fax #:213-487-3240 d. E-Mail Address: Lafit@aol.com **Tomandie Nigh** **Description of the applicant and the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly) b. Title Executive Director c. Yel. #: 213-387-7712 Fax #:213-487-3240 **Tomandie Nigh** **Description of the applicant and the applicant and the applicant will comply with the attached assurances if the assistance is awarded. a. Authorized Representative (Please type or print name clearly) b. Title Executive Director c. Yel. #: 213-387-7712 Fax #:213-487-3240	<u> </u>	
5. Applicant		
c. State \$ 120,000 .00 Ms. Normandie Nigh d. Local \$ 0 .00 Executive Director e. Other \$ 76,725 .00 c. Tel.#: 213-387-7712 Fax#213-487-3240 1. Program Income \$ 0 .00 Ms. Normandie Nigh b. Title Executive Director c. Tel.#: 213-387-7712 Fax#213-487-3240 M. E-Mail Address: Lafit@aol.com Mymadic Nigh	I h Annicant \$ 400,000 no I	
d. Local	120 000 Mg N	
e. Other \$ 76,725 .00 c. Yet. #: 213-387-7712 Fax #213-487-3240 1. Program Income \$ 0 .00 M. E-Mail Address: Lafit@aol.com W. Maradic Night	1 4 4 2 3 4	
1. Program Income \$ 0 .00 d. E-Mail Address: Lafit@aol.com Www.wdic Nigh	D.C. 7.25	
1. Program Income 3 .00 Normardic Nigh	a E Maril A	
	I. Program income \$ 00	
g. TOTAL 3_796.725 OU][a. Signature of Authorized Representative Date 07/01/2002		re of Authorized Representative Date 27/01/2002

• , , • ,

				OMBA	pproval No. 0348-004		
APPLICATION FOR FEDERAL ASSISTA	NCE	2. OATE SUBMITTED 7-2-02			2002		
1. TYPE OF SUBMISSION:		3, DATE RECEIVED B	Y STATE	State Application Identifier			
Application Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED B	y Federal Agency	FELICIA CLEARING	NG HOUSE		
Non-Construction 5. APPLICANT INFORMATION	(Non-construction						
Legal Name:			Organizational Unit:	Community Develo	pment Serv.		
County of Humbo Address (give city, county, State,	and zip code):		1	number of person to be contact			
520 E. Street	, ••••	_	this application (give a				
Eureka, Humbold	t. CA 95501		Jacqueline	e Debets (707) 44	4 5- 7747		
6. EMPLOYER IDENTIFICATIO			7. TYPE OF APPLICA	ANT: (enter appropriate letter in	box)		
94-6000				11 ladamanda v & B. 1974	В		
8. TYPE OF APPLICATION:			A. State B. County	H. Independent School Dist. State Controlled Institution of	of Higher Learning		
K Nev	v Continuation	Revision	C. Municipal	J. Private University			
			D. Township E. Interstate	K. Indian Tribe L. Individual			
If Revision, enter appropriate lett	er(s) in cox(es)		F. Intermunicipal	M. Profit Organization			
		e Duration	G. Special District	N. Other (Specify)			
D. Decrease Duration Other	specity);		9. NAME OF FEDERA	AL AGENCY:			
			Environmental Protection Agency				
				TLE OF APPLICANT'S PROJE			
10. CATALOG OF FEDERAL DO TITLE: Brownf 12. AREAS AFFECTED BY PRO Humboldt County,	ields Assessmen DJECT <i>(Cities, Counties, St</i> .	6 6 -8 1 1 t Demo.Pilot	Samoa Peni Phase II,	insula Redevelopme Assess zoning & r Licit citizen inpu	ent; Phase I. redevelopyent		
13. PROPOSED PROJECT	14. CONGRESSIONAL D	STRICTS OF:					
Stan Date Ending Date	a. Applicant		b. Project		*************************************		
10/02 10/05	# 1		# 1				
15. ESTIMATED FUNDING: 2	00,000		ORDER 12372 PF	SUBJECT TO REVIEW BY ST	ATE EXECUTIVE		
a. Federal	\$ 200,000	.00					
la Applicant	250,000	ω	≓	APPLICATION/APPLICATION V E TO THE STATE EXECUTIVE			
b. Applicant	3	•		FOR REVIEW ON:	ORDEN 14372		
c. State	\$	æ	DATE	7-2-02			
d. Local	\$	f					
e. Other	S	. 00		AM IS NOT COVERED BY E. O GRAM HAS NOT BEEN SELEC			
			FOR REV	/IEW			
1. Program Income	\$	• 00	17. IS THE APPLICAL	NT DELINQUENT ON ANY FEE	DERAL DEBT?		
g. TOTAL	\$ 200,000	06	Yes If Yes,	attach an explanation.	M No		
18. TO THE BEST OF MY KNOW							
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF			ie applicant and Th	1E APPLICANT WILL COMPLY	A ANTIGUE FALE		
a. Type Name of Authorized Rep	***************************************	b. Tille Community Services	.Development	c. Telephone Number (707) 288-37	735		
Kirk Girard d. Signature of Authorized Repre	sentalivė	Services F	TEGEOL	e. Date Signed /			
Kink I was)			7/02/02			
Previous Edition Usable Authorized for Local Reproduction	n			Standard Form 424 Prescribed by OMB	•		
	••			CHECKED CO OF CITIES	WILLIAM EX IVE		

PAGE 01

HC ECON DEA

61272602 pp:20 2002/20/70



"S. Dej	partment of Education
	ONTO NOTES TO THE TOTAL PROPERTY OF THE PROPER
Organizationa	JUL - 2 2002
	STATE CLEARING HOUSE

Education Assistance (ED 42	¥*) \		Fap 11/36/20049
Applicant Information		Organi	zational Unit
L Name and Address			
Legal Name: The Kern County Youth Mariachi Found	dation (KCYMF)		- I L JUIC HOLL
Address: 1401 19th Street, Suite 105			STATE CLEARING HOU
D. C.12	CA	Kern	93301 - ZIP Code + 4
Bakersfield City	State		ZIP Code + 4
2. Applicant's D-U-N-S Number 1 1 3 2 5	5 4 9 6	6. Novice Applicant X	cs _No
3. Applicant's T-I-N 7 7 - 0 4 7 9 2 4	1 9 9	7. Is the applicant delinque (If "Yes," attach an exp	m on any Federal debt? Yes X No lanation.)
4. Catalog of Federal Domestic Assistance #: 84.1 8 4 B	ļ		
Title: Mentoring Programs	1	8. Type of Applicant (Ente	r appropriate letter in the box.)
			-Independent School District - Public College or University
5. Project Director: <u>Blodgic Rodriguez</u>	Address Minds of the Control of the	C - Special District H	1 - Private, Non-profit College or University - Non-profit Organization
Address: 1401 19th Street, Suite 105		E - Individual	- Private, Profit-Making Organization
	301	K - Other (Specify):	
City State Zip	codc + 4		
Tel. #: (661) 327-4934 Fax #: (661) 327-4938			
E-Mail Address: blodgic@kernmariachi.com			
Application Information			
9. Type of Submission:		12. Are any research activ	ities involving human subjects planned at
-PreApplication -Application Construction Construction		any time during the p	proposed project period? _X_No (Go to item 13.)
Construction Construction Non-Construction X Non-Construction	ın.	163 (60 10 124)	
			arch activities proposed designated to be
10. Is application subject to review by Executive Order	: 12372 process?	exempt from the	ne regulations? cmption(s) #):
Yes (Date made available to the Executive C process for review)://	Iraer 12372		
		No (Provide Ass	urance #):
X No (If "No," check appropriate hox below, X Program is not covered by E.O.	12372.	13. Descriptive Title of A	pplicant's Project:
Program has not been selected by	y State for review.	The Vam County Vouth N	Mariachi Foundation: Mentoring Program
11. Proposed Project Dates: 09 / 02 / 2002 08 /	31 / 2005	THE KEIN COURTY TOUGHT	Via mem 1 odnogo on, ivientes the 1 (0)
Start Date: End	l Date:	tivo Information	
15.	•	edge and belief, all data in	this preapplication/application are true
			d by the governing body of the applicant
* *			surances if the assistance is awarded.
c. State \$00 a. A.	uthorized Representative	(Please type or prim name	e clearly.) 🥎
d. Local \$ 139,089.00 Blod	lgie Rodriguez		
e. Other/(In-kind) \$ 64,920.00 b. Ti	itle: <u>Interim Program D</u>	<u>irector</u>	
f. Program Income 5 10,000.00 c. To	cl. #: (661) <u>327-4934</u> Fa	x #: (661) <u>327-4938</u>	
d. E	-Mail Address: blodgie@	kemmarjachi.com	49
g. TOTAL \$ <u>364,009,00</u> e. Si	gnature of Authorized l	Representative	
			Date: <u>07/01/2002</u>

U.S. Department of Education

Application for Federal Form Approved OMB No. 1875-0106 Exp. 11/30/2004 Education Assistance (ED 424) Applicant Information 1. Name and Address Organizational Unit Legal Name: Apple Valley Unified School Dist. Yucca Loma Elementary Address: 22974 Bear Valley Rd. 21351 Yucca Loma Rd. Apple Valley Apple Valley, CA 92307 San Bernardino <u>92308</u> 2. Applicant's D.U.N.S Number 6. Novice Applicant 3. Applicant's T-1-N 3 3 7 0 7. Is the applicant delinquent on any Federal debt? 4. Catalog of Federal Domestic Assistance #: 8 (If "Yes," attach an explanation.) 8. Type of Applicant (Enter appropriate letter in the box.) ${\bf F}$ 5. Project Director: Paul Swick A State G Public College or University Address: 21351 Yucca Loma Rd B Local H Private, Non-Profit College or University Apple Valley CA 92307 C Special District 1 Non-Profit Organization D Indian Tribe J. Private, Profit-Making Organization ZIP Code + 4 E Individual K Other (Specify): Tel. #: 760 247-2623 Fax #: 760 247 4300 F Independent School E-Mail Address: paul-swick@avsd_k12_ca_us Application Information 9. Type of Submission: 1 12. Are any research activities involving human subjects planned at any time during the proposed project period? -PreApplication -Application Construction Construction Yes (Go to 12a.) X No (Go to item 13.) Non-Construction Non-Construction 12a. Are all the research activities proposed designated to be exempt from the regulations? 10. Is application subject to review by Executive Order 12372 process? Yes (Provide Exemption(s) #): Yes (Date made available to the Executive Order 12372 No (Provide Assurance #): process for review): 7/3/02/ 13. Descriptive Title of Applicant's Project: No (If "No," check appropriate box below.) TURNING POINTS - A Mentoring Program is not covered by E.O. 12372. Program for Youth Program has not been selected by State for review. Start Date: End Date: 11. Proposed Project Dates: 9/1/02 06/30/05 **Estimated Funding** Authorized Representative Information 75. To the best of my knowledge and belief, all data in this preapplication/application are true and 14a. Federal 265 055 correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. b. Applicant S a. Authorized Representative (Please type or print name clearly.) Tom E. Hoegerman c. State .00 d. Local .00 Assistant Superintendent c. Tel. #: 760 247-8001 e. Other Fax #: 760 247-4103 d E-Mail Address tom-hoegerman@avsd.k12.ca.us f. Program Income .00 7/1/02 g. TOTAL 265,055

			<u> </u>	ς η W		·
Application	for Federa			LS U V	u.	S. Department of Education Form Approved
Education A	$\frac{\lambda}{2}$ ssistance (ED 424)	M	- 1 200%		OMB No. 1875-0105 Exp. 11/30/2004
Applicant Inforr	nation				agentidaesi (1900) alban kases	Military designation of the control
Name and Address				Organization	TION IOF	
	sity Corporation, Calif. Sta	te University	Barkhdae C		ia Opportunit	y Programs
Address: 18111 Nordi	noff Street	<u> </u>				
Northridae				T 4	1	01000
Northridge City			CA State	Los Ang County	geles	91330 - 8232 ZIP Code + 4
2. Applicant's D-U-N-S Num	ber 0 5 5 7 5 2	3 3 1	6. Novice Appl	icant 🗹 Y	∕es □No	
3. Applicant's T-1-N 9 5	1 9 9 2 7 3	2	7. Is the applica		-	debt? Yes No
 Catalog of Federal Domesti Tide: Mentoring Program 		8 4 B	(if "Yes," at	таст ал ехріа	nation.)	a
			8. Type of Appl	icent (Enter a	ppropriate lette	er in the box.)
5. Project Director: Frank M	· · · · · · · · · · · · · · · · · · ·		A State			ge or University
Address: 18111 Nordho Northridge		30 - 8366	B Local C Special D	istrict	I Non-Profit (n-Profit College or University
City		ZIP Code + 4	D Indian Tri		Private, Prof	fit-Making Organization
Tel. #: (818) 677-4151	Fax #: (818) 677	-4153	•	ent School	K Other (Spec	ify):
E-Mail Address: _frank.mu	iniz@csun.edu	 	District			111111111111111111111111111111111111111
Application Info	rmation	meren are promote and person	a V angle our bases have a large consequence	The second second second	har and the state of the	
9. Type of Submission:			12. Are any resear	arch activities i	nvolving humar	subjects planned at any time
—PreApplication	Application		during the pr	oposed projec	a period?	-
Construction	Construction		Yes (Go	to 12a.)	No (Go to it	em 13.)
Non-Construction	Non-Construction		125	l the seconds	nativities was a s	
10 In annihimation with the	.			r une research : ne regulations?		sed designated to be exempt
10. Is application subject to rev	lew by Executive Order 12372 vailable to the Executive Ord		Yes (F	rovide Exemp	tion(s) #):	
	variable to the Executive Ord view): 7/1/2002	er 12372	No (P	rovide Assurai	nce #):	
أنعمها	ck appropriate box below.)	**************************************	13. Descriptive T	itle of Applicar	nt's Project:	
	ot covered by E.O. 12372.		EOP Commun	ity Mentor P	rogram	
L1	not been selected by State for r	DI GOLL				
		nd Date:				
11. Proposed Project Dates:	-	30/2005				
Estimated Fundin	ď	Authori	zed Repre:	sentativ		a •
	Artistagen min seriege in de de de de de de de de de de de de de		······································	Control of the Contro	The second secon	ation/application are true and
14a. Federal \$	600,000.00	correct. The	e document has beer	n duly authorize	ed by the govern.	nd body of the applicant and
b. Applicant \$	530,815.00		Representative (PI			ssistance is awarded.
c. State \$.00.	Scott Pére	ez		•	, -
d Local \$.00.	b. Title Dire	ector of Research	1		
e. Other \$.00	c. Tel.#:(8	18) 677-2901		Fax #:(818) 677-4691
f. Program Income \$.00	d. E-Mail Addı	Scott.perez	@csun.edu	• .	
g. TOTAL \$	1,130,815.00	e. Signature d	of Authorized Rep	nesentative)	****	Date: 7/1/2002

	N FOR		1. DATE BUBLITTED		Applicant Identifier		IS ON SAP	BLONE NO	D345C004B
FEDERAL AS		CE	June 28, 200			10	<u>ве</u>		
TYPE OF SUBMISSI Application		application	3. DATE RECEIVED B	Y STATE	State Applicant Ide	entifier n	1688	- 1 2	002
☐ Construction		Construction	4 DATE RECEIVED B	Y FEDERAL ACENCY	F - 4 1 bet - 410		JUL		. JUL. 1
Non-Construction	. ,	Non-Construction	,	. TOUCHAE AGURE!	Federal Identifier				
5. APPLICANT INFORMATI			JEMITTED TO ANOTHER	FEDERAL ACENCY T	YES MING IF YES		- Al	- A DIKI	~ HAH
Legal Name:				Organizational Unit:	ITES LINU IF TES	LISTARREN	ATE CL	<u>LAKIN</u>	U NOU
Regents, Univ									
University of Califor University of Califor University of Califor Department of Ento County of Riverside 6. EMPLOYER IDENTIFICA 9 5 a. TYPE OF APPLICATION OF A Increase Award D. Decrease Durston 10. Catalog of Federal Assistance Number: TITLE: 2002-STAR-NO 12 AREAS AFFECTED BY FRIVERSIDE, California	TTILA, RIVERSIA TTILA, RIVERSIA TTILA, RIVERSIA TTILA, RIVERSIA ON: New Tile (otter(s) in B. Decre Other (a	de, Office of Reselde, Office of Reselde, Office of Reselversity of Californiversity o	Revision Crease Duration	7. TYPE OF APPUCAN A. State B. County C. Municipal D. Township E. Intermunicipal G. Special District 9. NAME OF FEDERAL	ile phone: 909 e-mail: joh CT: Jeanne Rey I: (anter appropriate / H. Indepen I. State C J. Private K. Indian T L. Individu M. Profit O I. N. Other (AGENCY: Vironmental Proti	n-trumble @	Jucr.edu 1: 909-787-55 Jeanne.reyes Dist. Itution of Higher ncy - ORD -	GUCT.edu Learning NCER	
13, PROPOSED PROJECT:		14. CONGRESSIONA	AL DISTRICTS OF:					**************	
Start Date E	nding Dala	a. Applicant	43	1	. Project 43				
Jan 1, 2003 Dec	31, 2004	Doggeto IIs	lversity of Califor						
			ereny or oamon	nia	. rojeci aj			C STANDARD TO SERVICE	
15. ESTIMATED TOTAL PRO	DECT FUNDING				,	ORDER 12372	PROCESS7		
a. Federal	DECT FUNDING \$ 199,80		16. IS APPLICATIO	NIS N BUBLECT TO REVIEW B S PREAPPLICATIONIAP TE EXECUTIVE ORDE	Y STATE EXECUTIVE	IADE AVAILA	BLE TO THE		
a. Fedoral b. Applicant	s 1 99 ,80;		16. IS APPLICATION a. YES. THIS STA	PREAPPLICATION OF EXECUTIVE ORDE	Y STATE EXECUTIVE PPLICATION WAS M R 12372 PROCESS	IADE AVAILA	BLE TO THE		
a. Federal . b. Applicant :	s 199,80:	2 .0	16. IS APPUCATION 0 a. YES. THIS STA	N SUBJECT TO REVIEW B S PREAPPLICATION/AP TE EXECUTIVE ORDE	Y STATE EXECUTIVE PPLICATION WAS M R 12372 PROCESS /02	IADE AVAILA FOR REVIE	BLE TO THE		
a. Fedoral b. Applicant	s 199,80:	2 .0	16. IS APPUCATION 0 a. YES. THIS STA 0 DATE 0 b. NO. P	N SUBJECT TO REVIEW B S PREAPPLICATION/AP ITE EXECUTIVE ORDE 7/1/ ROGRAM IS NOT COVI	Y STATE EXECUTIVE PPLICATION WAS M R 12372 PROCESS /02 ERED BY E.O. 1237	IADE AVAILA FOR REVIE	ABLE TO THE W ON:		
Applicant State	s 199,80: s	2 .0	16. IS APPLICATIO 0 a. YES. THIS STA 0 DATE b. NO. P	N SUBJECT TO REVIEW B S PREAPPLICATION/AP TE EXECUTIVE ORDE	Y STATE EXECUTIVE PPLICATION WAS M R 12372 PROCESS /02 ERED BY E.O. 1237	IADE AVAILA FOR REVIE	ABLE TO THE W ON:		
Applicant State Local	s 199,80:	.00	16. IS APPLICATION 0 a. YES. THIS STA 0 DATE 0 b. NO. P	N SUBJECT TO REVIEW B S PREAPPLICATION/AP ITE EXECUTIVE ORDE 7/1/ ROGRAM IS NOT COVI	Y STATE EXECUTIVE PPLICATION WAS M R 1237Z PROCESS /O2 ERED BY E.O. 1237 F BEEN SELECTED	IADE AVAILA FOR REVIE	ABLE TO THE W ON:		
A. Federal b. Applicant c. State d. Local e. Other f. Program income s. TOTAL s. Same series of the series	s 199,802 s 199,802	.00 .00 .00 .00 .00	16. IS APPLICATION a. YES. THIS DATE DATE b. NO. P	N SUBJECT TO REVIEW B S PREAPPLICATION/AP ITE EXECUTIVE ORDE 7/1/ ROGRAM IS NOT COVI R PROGRAM HAS NOT INT DELINDUENT ON ANY IT YEE," AUSCH 911 explai	Y STATE EXECUTIVE PPLICATION WAS M R 12372 PROCESS /02 ERED BY E.O. 1237 F BEEN SELECTED FEDERAL DEBT7 INSIGN.	IADE AVAILAFOR REVIE	ABLE TO THE WON:		
a. Federal b. Applicant c. State d. Local e. Other s. Program income g. TOTAL s. TOTHE BEST OF MY KNO	5 199,802 5 199,802 5 199,802	.00 .00 .00 .00 .00 .00	16. IS APPLICATION OF THE APPLIC	N SUBJECT TO REVIEW BE PREAPPLICATION/APETER PROGRAM IS NOT COVIED PROGRAM HAS NOT COVIED P	Y STATE EXECUTIVE PPLICATION WAS M R 12372 PROCESS /02 ERED BY E.O. 1237 F BEEN SELECTED PEDERAL DEBT7 INSIGN.	ADE AVAILA FOR REVIE 2 BY STATE F	ABLE TO THE WON:		
a. Federal b. Applicant c. State d. Local e. Other s. Program income g. TOTAL s. TO THE BEST OF MY KNOWNUTHORIZED BY THE GOVER	199,802 199,802 199,802 TOWLEDGE AND INVINING BODY OF	2 .0 .00 .00 .00 .00 .00 .00 .00 .00 .00	16. IS APPLICATION OF BELL CANDON OF	PREAPPLICATION/APPLICATION/APPLICATION ARE TRUE A MATERIAL TO REVIEW B MATERIAL TO REV	Y STATE EXECUTIVE PPLICATION WAS M R 12372 PROCESS /02 ERED BY E.O. 1237 F BEEN SELECTED PEDERAL DEBT7 INSIGN.	ADE AVAILA FOR REVIE 2 BY STATE F	ABLE TO THE WON:	žo.	
a. Federal b. Applicant c. State d. Local e. Other s. Program income g. TOTAL s. TOTHE BEST OF MY KNO	199,802 199,802 199,802 TOWLEDGE AND INVINING BODY OF	2 .0 .00 .00 .00 .00 .00 .00 .00 .00 .00	16. IS APPLICATION 0 a. YES. THIS DATE b. NO. P	PREAPPLICATION/APPLICATION/APPLICATION/APPLICATION/APPLICATION/APPLICATION/APPLICATION ARE TRUE APPLICATION ARE TRUE APPLICATION ARE TRUE ATTACTION	Y STATE EXECUTIVE PPLICATION WAS M R 12372 PROCESS /O2 ERED BY E.O. 1237 F BEEN SELECTED FEDERAL DEST? INSIGN. AND CORRECT. THE I MED ABBURANCES IF	EN STATE F	ABLE TO THE WON: OR REVIEW AS BEEN DULY INCE IS AWARD:	number	
a. Federal b. Applicant c. State d. Local e. Other f. Program income g. TOTAL s. TO THE BEST OF MY KNOWN INCOME STATE GOVER AUTHORIZED BY THE GOVER Typed Name of Authorize	199,802 199,802 WILEDGE AND INCOME Representative	2 .0 .00 .00 .00 .00 .00 .00 .00 .00 .00	16. IS APPLICATION 0 a. YES. THIS DATE b. NO. P	PREAPPLICATION/APPLICATION/APPLICATION ARE TRUE A MATERIAL TO REVIEW B MATERIAL TO REV	Y STATE EXECUTIVE PPLICATION WAS M R 12372 PROCESS /O2 ERED BY E.O. 1237 F BEEN SELECTED FEDERAL DEST? INSIGN. AND CORRECT. THE I MED ABBURANCES IF	EN STATE F	AS BEEN DULY	iumber 5	

20001217

APPLICATION FOR				- OF PM	Approva No 0348-00
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicate Identified	
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY STATE		State Application Identifier MAY	2002
✓ Construction Non-Construction	X Construction Non-Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	STATE CLEAR	NG HOUSE
5. APPLICANT INFORMATION				LOTATE CLEARY	1101100
Legal Name: Strawberry Lodge		mpany	Organizational Unit: Same		
Address (give city, county, State P.O. Box 7			this application (give	·	
Twin Peaks, CA 92		, Marin		an, 909-889-0676	
6. EMPLOYER IDENTIFICATIO			7. TYPE OF APPLIC	CANT: (enter appropriate letter	
95-6064	1515		A. State	H. Independent School Dis	. <u>N</u>
8. TYPE OF APPLICATION:			B. County	State Controlled Institution	
	53.0	C Bassisian	C. Municipal	J. Private University	II of Frights Learning
X Nev	w ☐ Continuation -	Revision	D. Township	K. Indian Tribe	
: If Revision, enter appropriate lett	ter(s) in box(es)		E. Interstate	L. Individual	
	`, `, `		F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify) Non-	-Profit
D. Decrease Duration Other(specify):	*			
		,	9. NAME OF FEDER		
				es Dept. of Agri	.culture
			Rural Devel	.opment	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	JMBER:	11. DESCRIPTIVE TI	ITLE OF APPLICANT'S PRO	JECT:
		10 - 760	Replace, up	ograde obsolete a	ınd old water
Water &	Waste Disposal ^L		distributio	on facilities - p	oipelines,
TITLE: Loan & G	rant Program		well, and s		• '
12. AREAS AFFECTED BY PRO)JECT (Cities, Counties, Sta	tes, etc.):		***	
San Bernardino C	ounty, Californ	ia			
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			***************************************
Start Date Ending Date	a. Applicant		b. Project		
6/03 8/04	40th (Lewis)		40th		
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY	STATE EXECUTIVE
			ORDER 12372 PF	ROCESS?	
a. Federal	\$	00			
	1,100,000		a. YES. THIS PREA	APPLICATION/APPLICATION	I WAS MADE
b. Applicant	\$,00	f .	E TO THE STATE EXECUTIV FOR REVIEW ON:	E ORDER 12372
c. State	\$. 90	DATE	TOTAL SECTION OF THE	
d. Local	\$	00	b. No. PROGRA	AM IS NOT COVERED BY E.	O. 12372
e. Other	\$.00	☐ OR PROC FOR REV	GRAM HAS NOT BEEN SELE TEW	ECTED BY STATE
. Program Income	\$	00	47 10 7110 400 1044	DE DE MANEUE AL ALOCE	
g. TOTAL	\$,000	1	NT DELINQUENT ON ANY F attach an explanation.	EDERAL DEBT?
	1,100,000			•	
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE GOV	VERNING BODY OF TH			
a. Type Name of Authorized Repr		b. Title		c. Telephone Number	
JOHN F MACE	_	PRESIDEA	M-	909-336-1	1000
d. Signature of Authorizative pres		PEZIVEL		e. Date Signed	<i>98</i> 9
Valle 11	461			5/24/02	
Previous Edition Usable				Stendard Form 42	24 (Rev. 7-97)

Previous Edition Usable
Authorized for Local Reproduction

Standare Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

in the state of th

APPLICATION		2. DATE SUBMITTED		A' 3		UVE	, In I
FEDERAL ASS	ISTANCE				1 7		
1. TYPE OF SUBMISSION		3. DATE RECEIVED B	Y STATE	State A	polidan Identifier	1 2002	ועון
Application	Preapplication					LUNIL	
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal	Identifier]]
Non-Construction	Non-Construction				STATECLEAR	SING HO	ISF
5. APPLICANT INFORMATION	IS THIS PROPOSAL BEING S	UBMITTED TO ANOTHER	1	YES [NG INTYESTLEST ADMONI	M(s) O I I O	
Legal Name: Regents of the University of	California		Organizational Unit: College of Eng	jineerin	g		
Address (give city, county,	state, and zip code):				ail number of the person to	o be contacted o	on matters
University of Californi	a, Riverside		involving this applica		<i>area code)</i> , (909) 787-6419, ada	മൂള്ള മെന്നു വരു മ	adır
Bourns College of En	gineering		[vironmental Engineeri	-	odu
1	cal & Environmental Eng	ineering	ADMIN. CONT.		•		
Riverside, CA. 92521			(909) 787-553	5, rube.G	Gomez@ucrac1.ucr.ec	du	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICAN	NT: (enter a	appropriate letter in box)		
9 5	- 6 0 0 6	1 4 2	A. State	ŀ	d, Independent School Dist	t.	
- T//7 OF 1551 (017/01/			B. County		 State Controlled Institution Private University 	on of Higher Learr	ning
8. TYPE OF APPLICATION:			C. Municipal D. Township		K. Indian Tribe		
]	New Continuation	☐ Revision	E. Interstate		L. Individual	•	
			F. Intermunicipal G. Special District		M. Profit Organization N. Other (Specify)		
If Revision, enter appropriate let	er(s) in box(es):		G. Special District	•			······
A. Increase Award		ncrease Duration	9. NAME OF FEDERAL	AGENCY:	·····		
D. Decrease Duration	Other (specify):		3. WANE OF TEDERAL				
			U.S	S. Environm	nental Protection Agency -	ORD - NCER	
10. CATALOG OF FEDERAL D	OMESTIC 6 6	5 0 0	11. DESCRIPTIVE TITE	LE OF APPL	LICANT'S PROJECT:		····
ASSISTANCE NUMBER:		•					
TITLE: 2002-STAR -	L1						
Environmental Future	s Research in Nanoscale	Science,	NANOBIOELECTRONIC DEVICE FOR				
Engineering and Tech	inology		ENVIRONMENTAL MONITORING				
12. AREAS AFFECTED BY PR	OJECT (cities, counties, states, et	c.):					
			:				
					· · · · · · · · · · · · · · · · · · ·		
13. PROPOSED PROJECT:		NAL DISTRICTS OF:					······································
Start Date En	ding Date a. Applicant			b. Project			
01/01/03 1	2/31/05 43rd						
15. ESTIMATED TOTAL PROJ	ECT FUNDING:	16. IS APPLICATION	ON SUBJECT TO REVIEW	/ BY STATE	EXECUTIVE ORDER 12372	2 PROCESS?	
a. Federal \$	390,00	a. YES. THIS	PREAPPLICATION/APPLI	ICATION W	AS MADE AVAILABLE TO T		
9		ST	ATE EXECUTIVE ORDER	12372 PRC	CESS FOR REVIEW ON:		
b. Applicant \$.00	-	h.v	.000		
		DAT	E -	June 28, 2	902		
c. State \$.00 b. NO.	PROGRAM IS NOT COVE	BED BY E	^ 12372		
d. Local s			FROGRAM IS NOT COVE	INCO BI E.	J. 12372		
d. Local \$.000	OR PROGRAM HAS NOT	BEEN SELE	ECTED BY STATE FOR REV	4EW	
e. Other \$.00					
-						·	
t. Program Income \$.00 17. IS THE APPLIC	CANT DELINQUENT ON A	NY FEDER	AL DEBT?		
- TOTAL		n n □ .Yes	If "Yes," attach an explar	nation	⊠ No		
g. TOTAL \$	00,0 0 E	0.00	100, andorran explai	restrect to	₹-7 140		
	OGE AND BELIEF, ALL DATA IN THIS APP						
	BODY OF THE APPLICANT AND THE APP	LICANT WILL COMPLY WITH		S IF THE ASS	SISTANCE IS AWARDED.		
a. Typed Name of Authorize	d Representative	History	 b. Title Principal Contract & G 	rant Anahii	st	c. Telephone (909) 787-5	
Ruben B. Gomez			, micipal Comiaci & G	win miaiyi		(909) 101-3	
d. Signature of Authorized F	lepresentative /					e. Date Sign	ned
Dilan	B. Comes					6-28-6	02
1 (1/1/1/1/1/1	10) Covier						-

	n for ederal			U.	S. Department of Education Form Approved OMB No. 1875-0106
<u>L</u> ducation	Assistance (EI	$1424)_{ns}$	a 5	nan d	Exp. 11/30/2004
Applicant Info 1. Name and Address Legal Name: Alameda Address: 2200 Cen	Unified School District	UL - 1 200	111111	izational Unit	
2 10					
Alameda City	0765076	CLEARING		lameda ounty	94501 - ZIP Code + 4
2. Applicant's D-U-N-S N	umber 0 / 0 3 2 / / -	<u>' </u>	Novice Applicant	✓ Yes	
Applicant's T-I-N 9 Catalog of Federal Dom Title: Mentoring Progr		4 B	(If "Yes," attach ar	n explanation.)	I debt? Yes V No
		8.	Type of Applicant (Enter appropriate let	ter in the box.)
5. Project Director: Carla			A State		ege or University
	al Avenue, Room 209E		B Local C Special District		on-Profit College or University Organization
Alameda City	<u>CA</u> 94501 State ZIP	- Code + 4	D Indian Tribe		ofit-Making Organization
Tel. #:_ (510) 337-709	3 Fax #: (510) 337-71	63	E Individual F Independent Sch	K Other (Spe	ecify):
E-Mail Address: _carlag			District		
Application In					
9. Type of Submission:	TOT HEACTON	12.			an subjects planned at any time
PreApplication	—Application		during the propose	d project period?	
Construction Non-Constructi	Construction One Non-Construction		Yes (Go to 12	a.) 🔽 No (Go to	item 13.)
			12a. Are all the regular from the regular	• •	osed designated to be exempt
	review by Executive Order 12372 pro			Exemption(s) #):	
 .	de available to the Executive Order review): 6/26/2002	12372		Assurance #):	
 t	check appropriate box below.)	13.	Descriptive Title of ameda Unified So	Applicant's Project:	
,	is not covered by E.O. 12372.			n Mentoring Progra	ım .
[I	has not been selected by State for rev	iew.			
		Date:			
11. Proposed Project Dates:	0/15/0000	/2006			
Estimated Fund	ling	Authorize	d Represent	tative Inforr	mation
14a. Federal S		5. To the best of my correct. The doc	knowledge and belie ument has been duly	rf, all data in this preapp authorized by the gove	lication/application are true and rning body of the applicant and
b. Applicant \$	166,614.00	the applicant wi	II comply with the at		e assistance is awarded.
c. State		Ms. Ardella l		The or him name cie	u. 13./
d. Local \$		Titla		, Alameda Unified	School District
e. Other	.00	. Tel.#:(510)	337-7064	Fax #: <u>(5</u>	10) 522-6926
		J. E-Mail Address:	adailey@alame	eda.k12.ca.us	
g. TOTAL \$	671,343.00	Maw	1 July	htatissa	Date: 6/26/2002
y, 1017L 3	6/1,343.00 6	:. Signature of A	uthorized Represel	ıtatıve	Date: 6/20/2002

				JIII OMBI Approval No. paka)op43
APPLICATION FOR		2. DATE SUBMITTED		Applicant Identifier
FEDERAL ASSISTAI	VCE	June 28, 2002		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY		SIDE Application Consuler ING HOUSE
Application	Preapplication			[01711 C C LL 111110 C L.]
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:	
City of Gardena,	California		Municipalit	ty
Address (give city, county, State,			1	number of person to be contacted on matters involving
1700 West 162nd	Street		this application (give ar	
Gardena, CA 902	47		Yvonne Mallo	ory (310)217-9533
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)
95-6000				Li independent Sebesi Dist
			A. State B. County	H. Independent School Dist. I. State Controlled Institution of Higher Learning
8. TYPE OF APPLICATION:	(49)	□ ntataa	C. Municipal	J. Private University
New	√ ∑ Continuation	Revision	D. Township	K. Indian Tribe
If Revision, enter appropriate lett	er(s) in box(es)] [E. Interstate	L. Individual
		e Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify)
A. Increase Award B. Dec D. Decrease Duration Other(e Duration	G. opecial bistiles	
D. Decrease Datanos. Omore	.,,,,		9. NAME OF FEDERA	L AGENCY:
			Environment	al Protection Agency
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE N	UMBER:		LE OF APPLICANT'S PROJECT: Brownfields Economic
		66 - 8 1 1	Redevelop	
TITLE: Brownfiel	ds Pilot Cooper	rative Agreeme	t Additiona	al Site Assessments
12. AREAS AFFECTED BY PRO				
City of Gardena,	Ca.			
	14. CONGRESSIONAL D	ISTRICTS OF:		
13. PROPOSED PROJECT	14. CORGRESSIONAL D	State	of Californi	a, District No. 35
Start Date Ending Date	a. Applicant		b. Project	ields Pilot
10/1/02	City of Garde	na, CA	1	
15. ESTIMATED FUNDING:				SUBJECT TO REVIEW BY STATE EXECUTIVE
a. Federal	İs	60	ORDER 12372 PR	1002331
a, regeral	,	150,000	a. YES. THIS PREA	APPLICATION/APPLICATION WAS MADE
b, Applicant	\$.00	Į.	TO THE STATE EXECUTIVE ORDER 12372
		<u> </u>	-1	FOR REVIEW ON: .
c. State	S	,	DATE 6/2	28/02
d. Local	\$, , , , , ,	7	-
			b. No. 🛛 PROGRA	AM IS NOT COVERED BY E. O. 12372
e. Other	\$	•	OR PROC	GRAM HAS NOT BEEN SELECTED BY STATE
		00	FORREY	VIEW
f. Program Income	\$	•	17. IS THE APPLICAL	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$	150 000	- 1	attach an explanation.
		150,000	1	•
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AI	LL DATA IN THIS APPLIC OVERNING BODY OF TH	JA FION/PREAPPLICAT JE APPLICANT AND TI	TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF			IL ALL MOAIT) AND T	
a. Type Name of Authorized Rep	resentative	b. Title		c. Telephone Number
Mitchell G. Lar		City Man	ager	(310)217-9505 e. Date Signed
d. Signature of Authorized Repre		lete		e. Date Signed 6-27-02

Previous Edition Usable
Authorized or Local Reproduction

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

EGEIVE

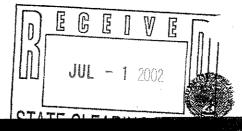
Application for Federal Education Assistance (ED 424) Applicant Information



U.S. Department of Education

1. Name and Address	Organizational Unit
Legal Name: Juma Ventures	
Address: 190 Ninth Street Suite 100	
C. H. C. T. T. T. T. T. T. T. T. T. T. T. T. T.	
San Francisco City	CA San Francisco 94103 - 2603 State County ZIP Code + 4
2. Applicant's D-U-N-S Number 0 1 4 2 6 9 3 9	8 6. Novice Applicant Yes No
3. Applicant's T-I-N 9 4 - 3 2 0 3 2 0 3	7. Is the applicant delinquent on any Federal debt? Yes No
4. Catalog of Federal Domestic Assistance #: 8 4 1 8 4 Title: Mentoring Programs	B (If "Yes," attach an explanation.) 8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: Muriel O'Connell Address: Juma Ventures 190 Ninth Street, Suite 100 San Francisco City CA State ZIP Code Tel. #: (415) 252-0502 Fax #: (415) 252-0940	A State G Public College or University B Local H Private, Non-Profit College or University C Special District I Non-Profit Organization
E-Mail Address: _murielo@jumaventures.org	District
Application Information	
9. Type of Submission: —PreApplication —Application Construction — Construction Non-Construction — Non-Construction 10. Is application subject to review by Executive Order 12372 process?	 12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.) No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations?
Yes (Date made available to the Executive Order 12372	
process for review): 6/21/2002	No (Provide Assurance #):
No (If "No," check appropriate box below.)	13. Descriptive Title of Applicant's Project:
Program is not covered by E.O. 12372.	Work Based Youth Mentoring Program E C E V E
Program has not been selected by State for review.	
Start Date: End Date: 11. Proposed Project Dates: 10/1/2002 9/30/2005	
Estimated Funding Auth	orized Representative Information
I.E. Toulo	e best of my knowledge and belief, all data in this preapplication/application are true and
corre	ct. The document has been duly authorized by the governing body of the applicant and opticant will comply with the attached assurances if the assistance is awarded.
	orized Representative (Please type or print name clearly.)
c. State \$.00 Dian	ne Flannery, Ph.D.
d. Local \$.00	Chief Executive Officer
e. Other \$ 317,508.00 c. Tel.#	(415) 252-0502 Fax #: (415) 252-0940
f. Program Income \$.00	il Address: dianef Gjuma ventures.org
g. TOTAL \$ 767,508.00 e. Signa	ture of Authorized Representative Date: 6/26/2002

Application for Federal			U.S. Department of Education
- -	D ADAN JUL		Form Approved
Education Assistance (E			OMB-No ₂ 1875-Q106 Exp. 11/20/2004
Applicant Information	STATE CLE	ARING HOUSE 0	ryanizational Unit
1. Name and Address Legal Name Ookland Unific	***************************************		
			rituale Elementary
Address 1025 Second Ave.	100	<u> </u>	The state of the s
Onkland		Ca Alom	, da 9460Z.
Ophland	<u> </u>	State County	2IP Code + 4
2 Applicant's D-U-N-S Number 9 H 6	010101318151	6_Novice Applicant	Yes -No
3. Applicant's T-I-N 9 4 - 6 0 0	01318151	7. Is the applicant del	inquent on any Federal debt? Yes X No
4. Catalog of Federal Domestic Assistance #: 84	L118141B1	If "Yes," attach a	a explanation.)
Title Mentoring Progra	7m5	8. Type of Applicant	(Unter appropriate letter in the box.) B
V V		A - State	F - Independent School District
5. Project Director: Shart J. Ric	hardson	B~Local C - Special District	G Public College or Liviversity H - Private, Non-profit College or University
Address: 3200 Boston F		D - Indian Tribe E - Individual	L- Non-profit Organization J- Private, Profit-Making Organization
		K - Other (Specify):
Ozhland (A Sir Tel. #: (510) 879 - 2826 Fax #: (5	Zip code + 4		
		_	
EMail Address: Oakland Saig	UM QF att. Met		
Application Information		12 And uni receased	activities involving human subjects planned at
9. Type of Submission: -PreApplication -Application		any time during	he proposed project period?
Construction Construction Non-Construction Non-Construction		 ·	2a) No (Ginto item 13.)
10. Is application subject to review by Executive		12a. Are all the	research activities proposed designated to be in the regulations?
Yes (Date made available to the Exec	utive Order 12372		Exemption(s) #):
process for review): 9 +02+	<u></u>	No (Provide	Assurance #):
No (If "No," check appropriate box to Program is not covered by		13 Descriptive Title	of Applicant's Project:
Program has not been sele			
11. Proposed Project Dates: 9 / O 1 / O'Z	8/30/03	0	ECHO Mentoring
Stort Date:	End Date:	rogreim	
Estimated Funding	Authorized Represer	ntative Information owledge and belief, all date	a in this preapplication/application are true
14a. Federal \$ 450,000.00			orized by the governing body of the applicant
6 Applicant \$ 27,700 00	and the applicant wil	I comply with the attache	d assurances if the assistance is awarded.
c. State \$ 136, 426.00	a. Authorized Representat	tive (Please type or print	name clearly.)
d Local S O 00	***************************************		
e. Other \$ 233, 595 . 00	b. Title:		
L Program Income S O 00	c_Tcl_#:()	Fax 6	£()
TOTAL 6 047 721 00	d. E-Mail Address:		
g. TOTAL \$ 847,721.00	e. Signature of Authoriza	eq Kepresentative	



U.S. Department of Education

Form Approved OMB No. 1875-0106 Exp. 11/30/2004

Applicant Information

Name and Address

Legal Name: Helix Charter High School

Address: 7323 University Avc.

La Mesa City

100116581 2. Applicant's D-U-N-S Number

3. Applicant's T-I-N 956001517

4. Catalog of Federal Domestic Assistance #: 5. Project Director: Douglas D Smith

Address: 7323 University Ave

La Mesa City

State

91941 - 6055 7IP Code + 4

CA State

Tel. #: (619) 644-1940

Fax #: (619) 462-9266

E-Mail Address: dsmith@helixcharter.net

Organizational Unit

Public Charter High School

San Dicgo County

91941 - 6055 ZIP Code + 4

6. Novice Applicant Yes

Title: Mentoring Programs

7.Is the applicant delinquent on any Federal debt? No (If "Yes." attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.)

A Sinte

G Public College or University

B Local

H Non-Profit College or University

C Special District D Indian Tribe

I Non-Profit Organization

E Individual

J Private, Profit-Making Organization

K Other (Specify): Charter School

F Independent School District

Application Information

9. Type of Submission:

-- Application

Non-Construction

12. Are any research activities involving human subjects planned at any time during the proposed project period? No (Go to item 13.)

12a. Are all the research activities proposed designated to be exempt from the regulations? No

Yes (Provide Exemption(s)#):

10. Is application subject to review by Executive Order 12372 process?

Date made available to the Executive Order 12372 process for review): 07/02/2002

No (Provide Assurance #, if available):

11. Proposed Project Dates:

Start Date:	End Date:
09/01/2002	09/01/2005

13. Descriptive Title of Applicant's Project: Senior High/Senior Life Connection (Mentoring Program)

Estimated Fun	ding		
14a. Federal	\$	105.824	.00
b. Applicant	\$	0	.00,
c. State	\$	0	.00,
d. Local	\$	0	.00
e. Other	\$	0	.00
f. Program Income	\$	0	.00
g, TOTAL	\$	105,824	.00
REV. 11/12/99			

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/ application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant of the applicant and the applicant of the assistance is

awarded Name of Authorized Representative

Douglas D. Smith, Ed.D.

b. Title Principal

c. Tcl. #: (619)644-1940 x 111

d. E-Mail Address: dsmith@helixcharter.net

e. Signature of Authorized Representative

ED 424

U.S. Department of Education A pplication for F ederal 1 2002 Form Approved OMB No. 1875-0106 Education ${\sf A}$ ssistance Exp. 11/30/2004 (ED 424 Applicant Information Organizational Unit 1. Name and Address Legal Name: WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT Adams Middle School Portola Middle School 1108 Bissell Avenue CA Contra Costa 94801 - 3135 Richmond ZIP Code + 4 State County ✓ Yes 6. Novice Applicant 2. Applicant's D-U-N-S Number 0 3. Applicant's T-I-N (If "Yes," attach an explanation.) 4. Catalog of Federal Domestic Assistance #: 8 Title: Mentoring Programs 8. Type of Applicant (Enter appropriate letter in the box.) 5. Project Director: Gloria Scoggins A State G Public College or University H Private, Non-Profit College or University Address: 2625 Barnard Road B Local C Special District Non-Profit Organization 94806 ... Richmond CAD Indian Tribe Private, Profit-Making Organization ZIP Code + 4 Individual K Other (Specify): Fax #: (510) 758-3210 Tel, #: (510) 222-8354 Independent School District E-Mail Address: gscoggins@wccusd.k12.ca.us Application Information 12. Are any research activities involving human subjects planned at any time 9. Type of Submission: during the proposed project period? —Application -PreApplication Construction Construction Yes (Go to 12a.) No (Go to item 13.) Non-Construction Non-Construction 12a. Are all the research activities proposed designated to be exempt from the regulations? 10. Is application subject to review by Executive Order 12372 process? Yes (Provide Exemption(s) #): 3 Yes (Date made available to the Executive Order 12372 No (Provide Assurance #): process for review): 7/1/2002 13. Descriptive Title of Applicant's Project: No (If "No," check appropriate box below.) Middle School Mentoring Project at Adams & Portola Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: End Date: 9/30/2005 10/1/2002 11. Proposed Project Dates: Authorized Representative Information Estimated Funding 15. To the best of my knowledge and belief, all data in this preapplication/application are true and 159,769.00 14a. Federal correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded. \$ 79,930.00 b. Applicant Authorized Representative (Please type or print name clearly.) Dr. Gloria Johnston \$ c. State .00 Superintendent of Schools d. Local \$.00 (510) 236-6784 (510) 620-2205 Fax #: c. Tel.#: e. Other \$ gjohnston@wccusd.k12.ca.us d. E-Mail Address: .00 f. Program Income \$ 6/28/2002 239,699,00 e. Signature of Authorized Representative g. TOTAL

Application for Federal	U.S. Department of Education
Education Assistance (ED 42m)	JUL - 1 2002 Form Approved OMB No. 1875-0106 Exp. 11/30/2004
Applicant Information	
Name and Address	Organizational Unit
Legal Name: Fremont Unified School Distribution Address: 4210 Technology Drive 517	TE CLEARING HOUSE
Address:	
Fremont	CA Alameda 94538 -
City 2. Applicant's D-U-N-S Number 0 8 0 7 1 6 3 0 1	State County ZIP Code + 4 6. Novice Applicant Yes X No
Applicant's T-I-N 9 4 1 1 6 3 6 0 2 9 Catalog of Federal Domestic Assistance #: 8 4 1 8 4 B	7. Is the applicant delinquent on any Federal debt? Yes X No (If "Yes," attach an explanation.)
Tale: Mentoring Programs	8. Type of Applicant (Enter appropriate letter in the box.)
5. Project Director: Sherry Jennings-King	A State G Public College or University
Address: 4588 Peralta Blvd., Suite 1	B Local H Private, Non-Profit College or University
Fremont CA 94536 City State ZIP Code + 4	C Special District I Non-Profit Organization D Indian Tribe J Private, Profit-Making Organization
Tel. #: 510-795-6488 Fax #: 510-795-6498	E Individual K Other (Specify): F Independent School Local Educational
ext. 6174 E-Mail Address: sherryjk@beamentor.org	District Agency
Application Information	
9 Type of Suhmission	12. Are any research activities involving human subjects planned at any time
9. Type of Submission: —PreApplication —Application	Are any research activities involving human subjects planned at any time during the proposed project period?
—PreApplication —Application	during the proposed project period?
—PreApplication —Application ☐ Construction ☐ Construction Non-Construction ☐ Non-Construction	during the proposed project period? Yes (Go to 12a.) No (Go to Item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations?
—PreApplication —Application Construction Construction	during the proposed project period? Yes (Go to 12a.) No (Go to Item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): N/A
PreApplication —Application Construction Construction Non-Construction Non-Construction To subject to review by Executive Order 12372 process?	during the proposed project period? Yes (Go to 12a.) No (Go to Item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): N/A No (Provide Assurance #): N/A
PreApplication Construction Non-Construction Non-Construction Non-Construction Non-Construction To Non-Construction Non-Construction Non-Construction Non-Construction To Non-Construction Non-Construction	during the proposed project period? Yes (Go to 12a.) No (Go to Item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): N/A No (Provide Assurance #): 13. Descriptive Title of Applicant's Project:
PreApplication Construction Non-Construction Non-Construction Non-Construction To subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process for review): Sept. 2, 2002 No (If "No." check appropriate box below.) Program is not covered by E.O. 12372.	during the proposed project period? Yes (Go to 12a.) No (Go to Item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): N/A No (Provide Assurance #): N/A
PreApplication Construction Non-Construction Non-Construction Non-Construction To Non-Construction Non-Construction Non-Construction Non-Construction To Non-Construction Non-Construction	during the proposed project period? Yes (Go to 12a.) No (Go to Item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): N/A No (Provide Assurance #): 13. Descriptive Title of Applicant's Project:
PreApplication Construction Non-Construction Non-Construction Non-Construction To subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process for review): Sept. 2, 2002 No (If "No." check appropriate box below.) Program is not covered by E.O. 12372.	during the proposed project period? Yes (Go to 12a.) X No (Go to Item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): N/A No (Provide Assurance #): N/A 13. Descriptive Title of Applicant's Project: Fremont Program
PreApplication Construction Non-Construction Non-Construction Non-Construction Non-Construction To Non-Construction Non-Construction Non-Construction 10. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process for review): Sept. 2, 2002 No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: End Date: 10/01/02 09/30/02	during the proposed project period? Yes (Go to 12a.) X No (Go to Item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): N/A No (Provide Assurance #): N/A 13. Descriptive Title of Applicant's Project: Fremont Program
PreApplication Construction Non-Construction Non-Construction 10. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process for review): Sept. 2, 2002 No (If "No." check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: End Date: 10/01/02 09/30/02 Estimated Funding Author 14a. Federal \$ 224,576 .00	during the proposed project period? Yes (Go to 12a.) No (Go to Item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): N/A No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Frencent Program Ized Representative Information at of my knowledge and bolief, all data in this preapplication/application are true and the document has been duly authorized by the governing body of the applicant and
PreApplication Construction Non-Construction Non-Construction 10. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process for review): Sept. 2, 2002 No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review. 11. Proposed Project Dates: Start Date: 10/01/02 09/30/02 Estimated Funding Author 14a. Federal \$ 224,576 .00 Author	during the proposed project period? Yes (Go to 12a.) No (Go to Item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): N/A No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: French Leman Leman Program ized Representative Information. at of my knowledge and belief, all data in this preapplication/application are true and the document has been duly authorized by the governing body of the applicant and cant will comply with the attached assurances if the assistance is awarded.
PreApplication Construction Non-Construction Non-Construction 10. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process for review): Sept. 2, 2002 No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review. 11. Proposed Project Dates: Start Date: 10/01/02 09/30/02 Estimated Funding Author 14a. Federal \$ 224,576 .00 Authoriz b. Applicant \$.00	during the proposed project period? Yes (Go to 12a.) No (Go to Item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): N/A No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Frencent Program Ized Representative Information at of my knowledge and bolief, all data in this preapplication/application are true and the document has been duly authorized by the governing body of the applicant and
PreApplication Construction Non-Construction Non-Construction 10. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process for review): Sept. 2, 2002 No (If "No," check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review. Start Date: End Date: 10/01/02 09/30/02 Estimated Funding Author 14a. Federal \$ 224,576 .00 b. Applicant \$.00 Authorize Sha	during the proposed project period? Yes (Go to 12a.) No (Go to Item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): N/A No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: French t Mentor Program ized Representative Information at of my knowledge and belief, all data in this preapplication/application are true and the document has been duly authorized by the governing body of the applicant and cant will comply with the attached assurances if the assistance is awarded. and Representative (Please type or print name clearly.)
PreApplication Construction Non-Construction Non-Construction 10. Is application subject to review by Executive Order 12372 process? Yes (Date made available to the Executive Order 12372 process for review): Sept. 2, 2002 No (If "No." check appropriate box below.) Program is not covered by E.O. 12372. Program has not been selected by State for review. 11. Proposed Project Dates: Start Date: End Date: 10/01/02 09/30/02 Estimated Funding Author 14a. Federal \$ 224,576 .00 b. Applicant \$.00 c. State \$.00 et. Local \$.00 b. Title	yes (Go to 12a.) No (Go to Item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): N/A No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Fremont Program ized Representative Information stof my knowledge and belief, all data in this preapplication/application are true and the document has been duly authorized by the governing body of the applicant and cant will comply with the attached assurances if the assistance is awarded. and Representative (Please type or print name clearly.) Iron Belshaw—Jones
PreApplication Construction Non-Construction during the proposed project period? Yes (Go to 12a.) No (Go to Item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): N/A No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: Fremont Menttor Program it of my knowledge and baller, all data in this preapplication/application are true and the document has been duly authorized by the governing body of the applicant and cant will comply with the attached assurances if the assistance is awarded. are Representative (Please type or print name clearly.) Iron Belshaw-Jones Superintendent 10-659-2542 Fax#: 510-659-2597	

APPLICATION FO	R				OMB Approval No. 0348-0043		
FEDERAL ASSIST		2. DATE SUBMITTED July 2, 2002		Applicant Identifier			
TYPE OF SUBMISSION: Application Preapplication		S. DATE RECEIVED BY STATE		State Application Identifier			
□ Construction	□ Construction	4. DATE RECEIVED BY FEDERA	L AGENCY	Federal Identifier	· · · · · · · · · · · · · · · · · · ·		
Non-Construction	☐ Non-Construction	on					
5. APPLICANT INFORMATIO	N	.4 * **********************************					
Logal Name: California D	epartment of Fi	sh and Game	Organization	al Unit: Wildlife Conserv	ation Board		
Address (givo city, county, state, and zip code):				be contacted on matters involving this			
1807-13th Street, Suit Sacramento, Sacrame California, 95814-711	e 103 ento County	·	1 "	give area code) Townsend (916) 445-1	1113		
6. EMPLOYER IDENTIFICAT	ION NUMBER (EIN):	***	7. TYPE OF	APPLICANT: (enter uppropriate	e tetter in box)		
. 68 - 0296	961		A. State	H, Independer	nt School Dist.		
8. TYPE OF APPLICATION:			В. Сош	nty I. State Comm	olled Institution of Higher Learning		
		ntinuation ☐ Revision	C, Mun D. Tow	nship K. Indian Tribe			
K	New D. Co	ntinuation Revision	E. Inter	state L. Individual municipal M. Profit Orger	nization		
				cial District N. Other (Spec			
if Revision, enter appropriate	effet(a) iu pox(ea)						
A. Increase Award	B. Decrease Awa	rd C. Increase Duration					
D. Decrease Ouration	Other (apecify):		9. NAME O	F FEDERAL AGENCY:			
			U.S. Department of Interior, Fish and Wildlife Service				
	AAMETIC ACCIET	ANCE WIMBED	11 DESCE	UPTIVE TITLE OF APPLICANTS	PROJECT:		
10. CATALOG OF FEDERAL	- DOMESTIC MODIST	AUCE HABITAN	111. 00001	ora a cham a co storm and a substitution of	Service Comments of the Commen		
		15 615		Acquisition	JUL - 1 200		
TITLE: Cooperative Er	dangered Species	Conservation Fund	1 -	Lakes/Proctor Valley	** ** * * * * * * * * * * * * * * * * *		
12. AREAS AFFECTED BY			San L	liego County	JUL - 1 ZUV		
City of Chula Vista	County of Sar	Diego, California			and vicinities		
13. PROPOSED PROJECT		RESSIONAL DISTRICTS OF:	l		STATE CLEARWOLD		
Start Date Ending Date 7/05/02 9/30/	a. Applicar		b. Pro	Congressional Dist			
15. ESTIMATED FUNDING:					EVIEW BY STATE EXECUTIVE ORDER		
a, Federal	\$	14,225,000.00	123/2	PROCESS?			
				YES, THIS PREAPPLICATION/A	PPLICATION WAS MADE AVAILABLE		
a. Applicant	S		}	TO THE STATE EXECUTIVE REVIEW ON:	/E ORDER 12372 PROCESS FOR		
c. State	s	30,085,000.00		****			
		77 - mare		DATE 7/2/02	Annabay 4 day		
d. Local	\$		D.	NO. PROGRAM IS NOT CO	OVERED BY E.O. 12372		
e. Other	\$				NOT BEEN SELECTED BY STATE FOR		
f. Program Income	S	, · · · · · · · · · · · · · · · · ·	17. 15	THE APPLICANT DELINQUENT	Y ON ANY FEDERAL DEBT?		
g. TOTAL	\$	44,310,000.00	ם מ	Yes If "Yes," after	ch an explanation. Ø No		
18. TO THE BEST OF MY K DULY AUTHORIZED BY TH IS AWARDED.	NOWLEDGE AND BI E GOVERNING BOD	ELIEF, ALL DATA IN THIS APPLICATE Y OF THE APPLICANT AND THE APPL	ON/PREAPP LICANT WILL	LICATION ARE TRUE AND COR L COMPLY WITH THE ATTACHS	RRECT, THE DOCUMENT HAS BEEN ED ASSURANCES IF THE ASSISTANCE		
a. Type Name of Authorized	Reoresentative	b. Trile			c. Telephone Number		
Aux	Al Wright		Execu	tive Director	(916) 445-0137		
d. Signature of Authorized 6	Poresentativo				e. Date Signed July 2, 2002		
Previous Editum Dente	on				Standard Form 424 (Rev. 4-92) Prescribed by OMB Circular A-102		

Application for Federal	U.S. Department of Education				
Education Assistance (ED 424)	G E V E Sp. 11/30/2004				
Applicant Information 1. Name and Address Legal Name: Big Brothers Big Sisters of Mendocino County, I	Organizational Unit				
Address: 498 N. McPherson Street	STATE CLEARING HOUSE				
	Fornia Mendocino 95437 - 3314 State County ZIP Code + 4				
2. Applicant's D-U-N-S Number 8 5 9 7 9 0 1 7 2	6. Novice Applicant Yes X No				
3. Applicant's T-J-N (9 4 - 2 8 7 5 1 0 0	7. Is the applicant delinquent on any Federal debt? Yes X No				
4. Catalog of Federal Domestic Assistance #: 84. 1 8 4 B	(If "Yes," attach an explanation.)				
Title:EDGE: EDUCATION, DEVELOPMENT,	8. Type of Applicant (Enter appropriate letter in the box.)				
GUIDANCE, and EXPOSURE	A - State F - Independent School District B - Local G - Public College or University				
5. Project Director: Wendy Wall	C - Special District D - Indian Tribe E - Individual H - Private, Non-profit College or University I - Non-profit Organization J - Private, Profit-Making Organization				
Address: 498 N. McPherson Street	K - Other (Specify):				
Fort Bragg CA. 95437 - 3314 City State Zip code + 4 Tel. #: (707) 964 - 1228 Fax #: (707) 964 - 8922					
E-Mail Address: <u>bbbs@mcn.org</u> Application Information 9. Type of Submission: -PreApplication -Application	12. Are any research activities involving human subjects planned at any time during the proposed project period?				
Construction Construction Non-Construction X Non-Construction	Yes (Go to 12a.) X No (Go to item 13.)				
10. Is application subject to review by Executive Order 12372 process? X Yes (Date made available to the Executive Order 12372 process for review): 7 / 1 / 2002	12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #):				
No (If "No," check appropriate box below.)	No (Provide Assurance #):				
Program is not covered by E.O. 12372. Program has not been selected by State for review.	13. Descriptive Title of Applicant's Project:				
11. Proposed Project Dates: 10 / 1 / 2002 9 / 30 / 2005 Start Date: End Date:	the EDGE (Education, Development, Guidance, Exposure) will sever _high risk children be matched with adtult and high school mentors				
Estimated Funding Authorized Representation 15. To the best of my known in th	entative Information owledge and belief, all data in this preapplication/application are true				
-	ument has been duly authorized by the governing body of the applicant				
b. Applicant \$ 60 and the applicant will	ll comply with the attached assurances if the assistance is awarded.				
c. State \$00 a. Authorized Representation	a. Authorized Representative (Please type or print name clearly.)				
d. Local \$00 Wendy Wall					
	irector				
f. Program Income \$ 00 c. Tel. #: (707) 964 -	1228 Fax #: (707) 964 - 8922				
d. E-Mail Address: <u>bb</u>	bs@mcn.org				
g. TOTAL \$ 573,018.00 e. Signature of Authoriz	bs@mcn.org ed Representative When filled July 1,2002				

1 (Old, majim) 10. Ciding



U.S. Department of Education

Applicant in I. Name and Add Legal Name:	lress	nmunity A	ction Agency		Or,	ganizational On	
-							
				_Ca State	Humboldt County		955011829
2. Applicant's D-	U-N-S Number _	1_ _2_ _(0803853_	6. No	vice Applicant _	_X_YesNo	
3. Applicam's T-l	I-N 9 4 - <u> 2</u>	6 4	[6]3,7,0	7. Is t	he applicant delin	iquent on any Fe	ederal debt?Yes _X_No
4. Catalog of Fede	eral Domestic Assis	stance #: 84	18_4_B	Af	"Yes," attach an	explanation.)	
•	Programs, Departm			8. Ty	pe of Applicant (Enter appropria	te letter in the box.)
-			Drug-Free Schools Program	-		11 1	V 148.00
	r		Diag-1100 delicols 110g.au	i	A - State B - Local C - Special District	G - Public Coll	t School District ege or University n-profit College or University
Address:	904 G St.			1	D - Indian Tribe E - Individual	I - Non-profit C	Organization
City	Eureka	Ca State	95501 Zip code + 4		C - Other (Specify);		THE GENERAL STATE OF THE STATE
Tel. #: (707) 20	69-2052 Fax #	: (707) 445	-0884				JUL - 1 2002 []
E-Mail Addres	ss:mentor@rca	a.org				100	Luma
Application Information 7. Type of Submission: - PreApplication			12. Are any research activities involving human subjects planned at any time during the proposed project period? Yes (Go to 12a.)X_ No (Go to item 13.) 12a. Are all the research activities proposed designated to be exempt from the regulations? Yes (Provide Exemption(s) #): No (Provide Assurance #): 13. Descriptive Title of Applicant's Project: The Northcoast Mentor Program is a collaborative within which partners have shared goals and objectives. See attachment.				
Estimated Fu	nding		Authorized Represe			in this preapplic	ation/application are true
l 4n. Federal	\$200,000_	00	•	•			erning body of the applicant
o. Applicant	S	00	and the applicant will	comply	vith the attached	assurances if the	assistance is awarded.
State	s	00	a. Authorized Representat	ive (<i>Pleas</i>	e type or print na	me clearly.)	
1. Local	s	00	Kermit_	Thobabe	n, LCSW		
. Other	\$	00	b. Title:Acting I	Executive	Director		
. Program Income	c \$	00	c. Tcl. #: (707) 269 -202	I F	ıx #: (707) 445-l	0884	
			d. E-Mail Address: _plan	ning@rca	a.01g		
g. TOTAL	\$200,000	00	e. Signature of Authorize	ed Repres	entative		
				1 1	/		Date:_06/_24_/02